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THE USE OF THE PSYCHIATRIC HISTORY INTERVIEW

A Study Made at the
Rhode Island State Hospital

A Thesis

Submitted by

Irma M. Landquist

(A.B. in Ed., Colorado State College of Education, 1943)

In Partial Fulfillment of Requirements for

the Degree of Master of Science in Social Service

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CHAPTER I

INTRODUCTION

"Things that are usual in the lives of the hospital staff are often emotional crises in the lives of both the patient and the family."[1] As the patient is both a product and a part of the family, it is quite natural that the individual's illness, which necessitates admission to a mental hospital, should affect the family in that the members of the family may experience emotional, social and economic problems of adjustment. Since the onset of the patient's illness the family may have known a reactivation of old conflicts, anxieties, feelings of guilt and inadequacy, which may be intensified upon the patient's admission to the mental hospital, particularly if the family made the decision to have the patient hospitalized.

The family's decision to arrange for the patient's admission to a state mental hospital may have been made after every effort to effect the patient's recovery had failed and/or they had recognized a lack of resources either within themselves, the environment or the community. Frequently the first manifestations of a neurosis or a psychosis are physical complaints so that the family may have spent time and money in securing treatment for the patient's physical complaints only to realize futility. They may have altered their way of living in the home, to no avail. They may seek relief from responsibility. Usually the patient's admission to a state mental

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1 Hester B. Crutcher, A Guide for Developing Psychiatric Social Work in State Hospitals, p. 11.

CHAPTER I

INTRODUCTION

"Things that are usual in the lives of the hospital staff are often emotional crises in the lives of both the patient and the family."[1] As the patient is both a product and a part of the family, it is quite natural that the individual's illness, which necessitates admission to a mental hospital, should affect the family in that the members of the family may experience emotional, social and economic problems of adjustment. Since the onset of the patient's illness the family may have known a reactivation of old conflicts, anxieties, feelings of guilt and inadequacy, which may be intensified upon the patient's admission to the mental hospital, particularly if the family made the decision to have the patient hospitalized.

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1 Hector E. Orchard, A Guide for Developing Psychiatric Social Work in State Hospitals, p. 11.

hospital is the family's last resource and is considered a finality. As the patient may be resistive to securing treatment and may project his feelings upon the family, the family may identify with the patient and realize uncertainty as to their decision to have the patient hospitalized. This may cause the family to feel it has rejected or punished the patient.

Misconceptions of mental illness and a state mental hospital may cause the family further anxiety as they wonder: what is going to happen to the patient? what is going to happen to them? They may consider the patient's illness as "once insane - always insane"; they may fear further psychiatric disabilities within the family. Guilt feelings about a familial history of a mental illness or a physical illness as a venereal disease may cause them to realize fear and a feeling of guilt. As Dr. Gregory Zilboorg said:

> . . . we are not fully converted to the conviction that a neurosis and a psychosis are illnesses . . . It is hard for us to rid ourselves of the conviction that mental disease is a mark of decay or degeneracy, that it is a mark inflicted upon man for his weakness, a sort of fatality, a sign of sin, or a consequence of the sins of our fathers for which we, the children, are called upon to pay.[2]

The family's misconception of a state mental hospital may be partially due to availability of literature in book stores, as THE SNAKE PIT, and to the newspapers with photographs of certain wards in state mental hospitals. Misconceptions of mental illness and a state mental hospital may exist because the family, regardless of its social or economic status, may not have had the opportunity to talk with a member of the hospital staff.

The family may realize problems of adjustment to the patient's illness

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2 Gregory Zilboorg, Mind, Medicine and Man, p. 66.

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and hospitalization. The nature and the severity of the problems may be determined by the dominance of the patient in the family constellation and his contribution to the equilibrium of the family. The family may become disorganized; parent and child relationships may be disrupted. Problems which may have long existed in the inter-relationships of the family may now have become acute so that relationships are altered or disrupted. The family's financial and social status may be threatened or altered.

The family may have had no opportunity to talk with a member of the hospital staff after the patient's admission to the hospital. If the family accompanied the patient to the hospital, all focus of attention in the Admitting Office was upon the patient. The family may have been endeavoring to cope with fears, anxieties, guilt feelings, misconceptions and problems of adjustment until seen by the social worker in the psychiatric history interview. The family's feelings about the patient, his illness and his hospitalization, as well as its own adjustment, may affect the course of the patient's illness, his rehabilitation and his adjustment in the home upon his return to the community. Viewed in this light, the psychiatric history taking is more than a routine procedure of securing information about the patient and his illness to aid in diagnosis and treatment.

The purpose of this thesis was to study the services which were available to the family of a mental hospital patient in the psychiatric history interview. The study was made at the Rhode Island State Hospital for Mental Diseases. The psychiatric history interview may be the only interview with the patient's family because of the limitations of the social worker's function or the limitations of the family. This limitation of interviews with the patient's family causes the social worker to realize

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the need not only of securing the psychiatric history on the patient but the need to make services in the interview available, which the family may utilize according to their capacity and ability to effect the most possible satisfactory adjustment to the patient's illness and hospitalization.

The study involved such questions as these: How can the psychiatric history interview give the family an opportunity to participate in the patient's treatment plan and to accept responsibility for him? How can services be made available to the family in the psychiatric history interview which may increase the capacity of the family to live within their changed situation? How can the social worker help a family to utilize the available services in the interview?

Scope. This study attempted to cover the family's attitudes towards the interview, the patient, the patient's hospitalization and towards its own adjustment at the beginning of the interview and at the end of it. Emphasis was placed on the social worker's methods and techniques which enabled the family to utilize the services available in the psychiatric history interview.

Method of Study. The writer had thirteen psychiatric history interviews from May 7, 1947 to June 7, 1947, in which the psychiatric history was secured from the patient's parent, sibling or spouse. The material was secured from the writer's observations during the interview, statements made by the family and recorded by the writer, and from selected readings on "short contact" interviewing.

Recording for purposes of the study was a serious problem. Exact reproduction of the statements made by the family and the social worker was impossible as the social worker's method is to create a comfortable setting

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and have freedom for observation. Some of the comments could be recorded verbatim because of their brevity and choice of words. Quotation marks were used not only for exact reproductions but for those statements which were as approximately verbatim as recollection allowed.

Data were abstracted and presented to show the family's needs and problems of adjustment to the patient's illness and hospitalization. These included the family's attitudes towards the interview, the patient and the patient's hospitalization and the family's adjustment, the services which were available in the interview, the worker's activity in making the services available to the family and the family's utilization of the services available in the interview. The schedule for this analysis of these interviews is given in Appendix A.

CHAPTER II

THE PLACE OF THE PSYCHIATRIC HISTORY INTERVIEW

The Hospital and History.

The Rhode Island State Hospital for Mental Diseases is located seven miles southwest of Providence on Reservoir Avenue. With its modern facilities, competent staff members of doctors, nurses, pathologists, psychologists, occupational therapists, social workers, laboratory technicians and associate personnel, the Hospital provides care and treatment for three thousand patients. In addition to its own Staff it has a Consultant Staff made of specialists in the State for various special services. The Hospital serves as a training center for nurses and did offer training to doctors and other personnel until World War II and the resulting shortages of personnel. From 1932 until World War II it sponsored a Community Mental Hygiene Program which provided for traveling clinics to outlying parts of the State.

The Hospital was divided into services upon the completion of the Works Project Administration building program in 1938. The services, all of which are in separate buildings, are: the Individual Treatment Service, the Senile Service, the Male and Female Continuous Service, the Medical and Surgical Services, the Tuberculosis Sanitarium, the Criminal Insane and the Department of Pathology and Laboratories.

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during the year of 1946-47. Any individual who wishes or needs care and treatment for a psychiatric illness may be admitted to the Hospital on one of the following Commitments: a Superior Court, a District Court, a Department of Social Welfare or a Voluntary. Since March, 1885, the State of Rhode Island has assumed responsibility for an individual who requested or required hospitalization. This is in sharp contrast to the admitting regulations at the time of its founding November 7, 1870, as the Rhode Island Insane Asylum, which admitted only the incurably pauper insane.

The Rhode Island State Hospital for Mental Diseases is a product of the people of Rhode Island, who as early as 1633 recognized their responsibility to the ". . . very unsettled in judgment"[3] and to those who with foresightedness, zealousness and untiring efforts endeavored to provide humane care for the psychiatrically disabled.

The Social Service Department, Description and Function.

The Social Service Department of the Rhode Island State Hospital for Mental Diseases was established in 1916 when a Social Service worker was added to the Hospital staff. It was later expanded into a department of five full time workers with a student training program. In addition to its services to the patient and to the doctors, it has a boarding home placement program and a community employment program. The Department has been limited as to staff since the beginning of World War II with the resulting shortages of psychiatric social workers so that the present staff consists of three psychiatric social workers, an untrained worker and a student.

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3 Henry M. Hurd and others, Institutional Care of the Insane in the United States and Canada, Vol. III, p. 545.

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[3] Henry E. Hurd and others, Institutional Care of the Insane in the United States and Canada, Vol. III, p. 236.

The shortage of staff has necessitated limitations of program so that services such as home studies when the patient is to be returned to the community, supervision of patients on Trial Visit and contacts with the patient's family are limited. This makes the securing of the psychiatric history on every patient admitted to the Hospital a most significant function, as it may be the social worker's only interview with the patient's family and it may be the family's first interview with a member of the Hospital staff.

The social worker obtains and prepares for the Hospital doctors a history on every patient admitted or readmitted to the Hospital which gives as complete a picture as possible of the patient's illness and his life prior to onset of illness. The history is secured in an interview of one hour and a half from the patient's correspondent named upon his admission to the Hospital. The correspondent may be a relative, friend or guardian. A second interview may be arranged if indicated. Additional material about the patient may be requested from other relatives, friends, employers or those known to the patient. The material is organized according to the psychiatric history outline (Appendix B), which facilitates the doctor's use of the material.

The following terms are used:

Original History. The first psychiatric history secured on the patient.

Interval History. The history on the patient from the date of his discharge from this Hospital to the date of his readmission.

Additional Information. The information secured which supplements the psychiatric history secured by the hospital from which the patient was transferred.

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Correspondent. The relative, friend or guardian named by the patient or the relative at the time of the patient's admission to the Hospital.

Informant. The individual who gives the history material.

The Social Service Department is notified of the patient's admission or readmission to the Hospital by receipt of carbon copies of the Note of Admission and the face sheet made in the Admitting Office, which gives a brief description of the patient's illness, and the patient's or relative's statements about the illness, identifying data about the patient and the name and address of the correspondent.

An appointment is made for the named correspondent to visit the office for the psychiatric history interview one week following the patient's admission to the Hospital. A form letter is sent to the correspondent advising him of the appointment and the name of the social worker or interviewer. Attached to the letter is a printed leaflet which describes the hospital services and the privileges of the visitors. If the letter is returned as the correspondent may not be at the given address, it is the social worker's responsibility to learn the name and address of the named correspondent or of another named by the patient. The correspondent may not be able to keep the office appointment so the social worker either makes another office appointment or an appointment for a home visit. The correspondent may visit the office prior to the date of the appointment. Unless there are traveling limitations the correspondent is not seen in a psychiatric history interview and he is requested to return at the time of his appointment. There are some advantages in allowing an interval of time between the date of the patient's admission to the Hospital and the date of the psychiatric history interview in that the family may realize less emotional

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stress and may have had opportunity to make some plan of adjustment to the patient's hospitalization.

The social worker who takes the psychiatric history is responsible for 1) the request for all abstracts not obtained at admission; 2) the completion of the financial reports; 3) the completion of the Blue Cross application if the patient has Blue Cross Insurance; 4) the completion of the statistical sheet for the hospital records; 5) the completion of the clothing card as to whether or not the family can provide the patient's clothing; 6) replies to the Social Service Index as every patient is cleared with the Social Service Index; 7) a letter to the Fiscal Agent on non-resident patients, in which is enclosed a copy of the financial report and a request for transfer to his respective State. The social worker may help the family determine the patient's eligibility for Cash Illness Benefits and assist him in making application. Any request for further service to the patient from the Hospital staff or from the patient's family is referred to the social worker who took the psychiatric history.

The Psychiatric History Interview and the Responsibilities of the Social Worker.

More than one member of the patient's family may come to the psychiatric history interview. The social worker has need of diagnostic skills in the selection of the relative or relatives to be interviewed. The purpose of the interview is explained at the beginning so that the relative may gain an understanding and an appreciation of his participation in the patient's treatment plan. The relative is given freedom to select the material he wishes to give. Questions are used to direct the interview and to secure additional material. It is the social worker's responsibility to

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The social worker who takes the psychiatric history is responsible for 1) the request for all statistics out already at admission; 2) the completion of the financial report; 3) the completion of the Blue Cross application if the patient has Blue Cross Insurance; 4) the completion of the statistical sheet for the Hospital records; 5) the completion of the clothing card as to whether or not the family can provide the patient's clothing; 6) replies to the Social Service Index as every patient is cleared with the Social Service Index; 7) a letter to the Final Agent on non-resident patients, in which is enclosed a copy of the financial report and a request for transfer to his respective State. The social worker may help the family determine the patient's eligibility for Cook County Hospitals and assist him in making application. Any request for further service to the patient from the Hospital staff or from the patient's family is referred to the social worker who took the psychiatric history.

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help the relative give material about the patient. The recognition and use of the relative's defenses may determine the type of relationship established and the kind and amount of material given. Always the relative is given opportunity to participate by giving material about the patient, giving his approval for request for abstracts, making a financial plan for the patient's hospitalization, accepting the Hospital doctor's plan for treatment or recommendations and by accepting responsibility for themselves. As Bertha Reynolds said: ". . . the most important thing in any contact but especially in the first, is to set the keynote of the client's participation and responsibility on as high a level as he is capable of at the time."[4]

The social worker's objectives in the psychiatric history interview are: first, to secure a composite picture of the patient's emotional, socio-economic environments, including his past and present conflicts, his relationships with those in his environment and a picture of his present illness with the determining or influencing factors around it; second, to learn and utilize the relative's willingness and capacity to participate in the patient's treatment plan and to increase his capacity to accept responsibility for the patient and for himself; third, to interpret the services of the Hospital and the Social Service Department, which the relative may use to help him function to the fullest capacity as a responsible participant; fourth, to establish a relationship with the relative which may facilitate release of material, ease the family's further contacts with the Hospital and which may be used if such service as the securing of an electro-shock permit is requested from the family or if a home study is to

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4 Bertha Reynolds, An Experiment in Short Contact Interviewing, p.99.

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4 Dorothy Hamphrey, An Experiment in Short-Contact Interviewing, p.30.

be made when the patient is ready to return home.

The social worker endeavors first to help the relative gain release of emotional tension by giving him opportunity to express his feelings about the patient, his illness and hospitalization and to express his feelings about himself and own adjustment. Secondly, the worker endeavors to help the relative gain some or further understanding of the patient, his illness and the services of the Hospital. Third, the worker offers the relative opportunity to participate in the patient's treatment plan, to define his role as a participant and to gain a feeling of satisfaction from his participation.

The psychiatric history interview in many ways is comparable to an intake interview. There is an initial meeting of the relative and the social worker with their respective sum totals of life experience, attitudes, feelings and modes of behavior. A relationship may be established. There is or should be a meeting of the relative at his own level, as the social worker endeavors to learn what the relative understands about the patient's illness and the services of the Hospital and what his capacity and ability are to participate in the patient's treatment plan. There is an exploring of the other's attitudes and feelings by both the relative and the worker. A goal is established toward which the relative and the worker jointly direct their activity. Maximum participation of the relative is encouraged. There is the determining of emotional and financial needs and the exploration of resources within or without the relative. There may be the determining of eligibility for State provided care of the patient if the relative has financial needs. As in every interview, the relative is encouraged and enabled to utilize his own resources so that he may function at

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the highest and most satisfying level.

A characteristic inherent of the psychiatric history interview in the Hospital is that there is an element of authority in requesting the relative to come to the Hospital, which is a representative of authority. What the worker means to the relative will affect the quality and quantity of the material the relative gives. This element of authority makes the social worker realize the need of evaluating what she means to the relative. As Leah Feder stated:

> The case worker must not only be aware of how her responses and words are affecting the client, but she must accept the responsibility that she is identified in the client's mind with other social workers or inquiring persons who in the past represented authority, hostility, beneficence, acceptance of other things.[5]

Another characteristic of the psychiatric history interview is the element of pressure because of the limitations as to the length of the interviews and the number of interviews with the patient's relative which are possible.

> Whether the interview lacks a past or a future, however, it always has a present. The distinguishing feature seems to be not the length of the interview nor even that there may be two or three of them, but the attitude of mind which one brings to the interview knowing that the opportunity for further contacts is in some way limited.[6]

This element of resulting pressure necessitates the use of "short-contact" skills and methods. Margaret Hagen stated:

> All psychiatric social workers during the War learned if they were not already cognizant of the fact, that

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5 Leah Feder, "Early Interviews As a Basis For Treatment Plans," Readings in Social Case Work, 1920-1938, p. 208.

6 Reynolds, op. cit., p. 7.

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> The case worker must not only be aware of how her responses and words are affecting the client, but she must accept the responsibility that she is identified in the client's mind with other social workers or insulting persons she is the past represented authority, hospitals, correctiones, acceptance of other things.[5]

Another characteristic of the psychiatric history interview is the element of pressure because of the limitations on the length of the interviews and the number of interviews with the patient's relative which are possible.

> Whether the interview lasts a year or a hours, however, it always has a pressure. The disciplinary feature seems to be not the length of the interview nor even that there may be two or three of them, but the attitude of mind which one brings to the interview knowing that the opportunity for further contacts is in some way limited.[6]

This element of resulting pressure necessitates the use of "short-contact" skills and methods. Margaret Hagen states:

> All psychiatric social workers during the war learned if they were not already cognizant of the fact, that

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5 Leah Feder, "Early Interviews As a Basis For Treatment Plans," Readings in Social Case Work, 1920-1930, p. 208.

6 Reynolds, op. cit., p. 7.

short-service cases can be in certain situations as productive as long term ones, that depth and intensity are not synonymous with length and that there are special techniques to be learned in this area.[7]

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7 Margaret Hagen, "Psychiatric Social Work," Social Work Year Book, 1947, p. 364.

CHAPTER III

CASES STUDIED

Interview 1

Louis Modello, age 17, was admitted to the Hospital from the Police Station where his father had taken him the night before as he was overactive, confused and assaultive. Both parents were in the office four days later and excitedly explained they had just received the letter of appointment. The mother's eye was discolored. They were both eager to talk about their son, but stated they could return to the office at the appointed time. They returned to the office for the psychiatric history interview the following week and appeared to be anxious and upset. Mr. Modello, age 36, of Italian descent, appeared younger than Mrs. Modello, age 34, who was a small, thin woman with sharp features. There was considerable tension between them.

The worker explained the purpose of the interview and expressed her understanding that they were concerned about their son. Mrs. Modello immediately stated that she did not think that her son should have been hospitalized as he could have gotten along "all right" at home. She looked angrily at her husband as she related how she had let her son "do anything" he wanted to do. The worker commented that it was difficult to accept his hospitalization and sometimes it was particularly difficult for a mother to do so. At this point, Mr. Modello began talking about the reasons for his son's hospitalization. Mrs. Modello looked at him with hostility as he related how he had taken his son to the Police Station as he feared his son would be assaultive to his mother and he did not wish her to be left alone with their son while he was at a party. Mrs. Modello showed further irritation while Mr. Modello described how their son had struck his wife in the eye. Mrs. Modello requested the worker to disregard it as it was "nothing" for "he hadn't meant to". The worker expressed her acceptance of this. Mr. Modello resumed his account of their son's illness and endeavored to disregard his wife's interruptions and hostility attitude. The worker commented that they had been pretty upset about their son. Mrs. Modello again expressed the attitude that her son should have remained in the home, and Mr. Modello described his efforts to help his son. He had taken his son to successive doctors, which was futile. He had then stayed home a week from work to take him to sports events, which might

CHAPTER III

CASES STUDIED

Interview I

Louis Modello, age 17, was admitted to the Hospital from the Police Station where his father had taken him the night before as he was uncontrolled, confused and irritable. Both parents were in the office four days later on another complaint they had just received the letter of apologetic. The mother's eye was discovered. They were both eager to talk about their son, but stated they could return to the office at the appointed time. They returned to the office for the psychiatric history interview the following week and appeared to be anxious and upset. Mr. Modello, age 50, of Italian descent, appeared younger than Mrs. Modello, age 50, who was a small, thin woman with sharp features. There was considerable tension between them.

The worker explained the purpose of the interview and expressed her understanding that they were concerned about their son. Mrs. Modello immediately stated that she did not think that her son should have been hospitalized as he could have gotten along "all right" at home. She looked angrily at her husband as she related how she had let her son "do anything" he wanted to do. The worker commented that it was difficult to accept his hospitalization and sometimes it was particularly difficult for a mother to do so. At this point, Mr. Modello began talking about the reasons for his son's hospitalization. Mrs. Modello looked at him with hostility as he related how he had taken his son to the Police Station as he feared his son would be aggressive to his mother and he did not want her to be left alone with their son while he was at a party. Mrs. Modello showed further irritation while Mr. Modello described how their son had struck his wife in the eye. Mrs. Modello resented the worker to discuss it as it was "nothing" for "he didn't mean to". The worker expressed her acceptance of this. Mr. Modello resumed his account of their son's illness and endeavored to disregard his wife's interruptions and hostility attitude. The worker commented that they had been pretty upset about their son. Mrs. Modello again expressed the attitude that her son should have remained in the home, and Mr. Modello described his efforts to help his son. He had taken his son to successive doctors, which was costly. He had then obtained home a job from work to take his to Puerto Rico, which sought

"take his mind off himself". He described in detail their visits to the doctors and their son's hospitalization of one week for observation at a city hospital. Mrs. Modello made no comment.

The worker directed the discussion to the earliest changes in their son's behavior. Mr. Modello was anxious to give the history of his son's illness, and occasionally Mrs. Modello gave additional material in an authoritative manner directed to the worker alone. Both expressed their inability to understand the reason for their son's change in behavior. The worker commented that it was natural for them to wish to learn the cause of their son's illness and that it was unlike many kinds of illnesses in which the cause may be identified. After further discussion, Mr. Modello hesitantly asked if masturbation could be the cause. Mrs. Modello added that the neighbors had offered this explanation and she had also wondered about it. Mr. Modello described how he had tried to observe the patient's behavior but yet did not know whether or not his son had masturbated. The worker stated that masturbation could not have caused the illness and that if he had masturbated excessively it would have been an indication that he was not well. The parents expressed their satisfaction upon learning this. The worker pointed out that doctors are still trying to learn the causes of such illnesses as their son's and that their son's behavior and the meaning of it to their son was important for the doctors to know, so that the doctors would be most appreciative of their help by talking with the worker They assured the worker of their desire to help and an appointment for a second interview was made.

Both parents returned to the office the following week and appeared more at ease with each other. In a cooperative manner they gave descriptive material about their son. They made a financial plan for their son's hospitalization and seemed eager to pay all costs. At the end of the interview they inquired when their son would be returned home. The worker stated they could talk with the doctor about that and that the doctor would be most appreciative of learning of their cooperation and willingness to help. They wished to visit their son as they had not been allowed to visit him previously. The worker called the doctor and learned that possibly they could see him the next week. They expressed their disappointment but accepted in an understanding way.

Needs and Problems. There was much dissension between the parents as the mother had hostility towards the father for arranging their son's hospitalization, so that she was unable to accept her son's hospitalization and wished to minimize his illness. The father had feelings of guilt and inadequacy. Both had little understanding of their son's illness, which

had caused much anxiety.

Use of Services. In the first psychiatric history interview Mrs. Modello expressed her non-acceptance of her son's hospitalization, her unwillingness to participate and her feelings of hostility for her husband. Mr. Modello expressed his feelings of failure in effecting his son's recovery and sought to justify his hospitalization. It was helpful for him to tell how he had taken his son to various doctors, to a city hospital and to anything which would take his son's mind off himself. It was reassuring for both the parents to learn that their son's illness necessitated hospitalization so that he could receive treatment which the Hospital could give him.

Both expressed anxiety for their son and their understanding of his illness. They endeavored to learn the cause of his illness. They were gratified to learn that masturbation was not a cause of his illness.

They gained considerable release of emotional tension and some alleviation of guilt through talking about the patient, his illness and their interest and concern for him since onset of his illness.

In the second interview it was evident that Mr. and Mrs. Modello had gained some understanding of their son's illness and the services of the Hospital as Mrs. Modello accepted her son's hospitalization, expressed her willingness to help, and expressed a sympathetic attitude toward her husband. Together they gave material about the patient prior to his illness. Their acceptance of the doctor's recommendation to delay the visit with their son suggested that they would willingly cooperate in their son's treatment plan and that they had gained a feeling of satisfaction through their participation.

had caused much anxiety.

Use of Services. In the first psychiatric history interview Mrs. Modello expressed her non-acceptance of her son's hospitalization, her unwillingness to participate and her feelings of hostility for her husband. Mr. Modello expressed his feelings of failure in effecting his son's recovery and sought to justify his hospitalization. It was helpful for him to tell how he had taken his son to various doctors, to a city hospital and to anything which could take his son's mind off illness. It was reassuring for both the parents to learn that their son's illness necessitated hospitalization so that he could receive treatment which the hospital could give him.

Both expressed anxiety for their son and their understanding of his illness. They endeavored to learn the cause of his illness. They were gratified to learn that malnutrition was not a cause of his illness.

They gained considerable release of emotional tension and some alleviation of guilt through talking about the patient, his illness and their interest and concern for his since onset of his illness.

In the second interview it was evident that Mr. and Mrs. Modello had gained some understanding of their son's illness and the services of the Hospital as Mrs. Modello accepted her son's hospitalization, expressed her willingness to help, and expressed a cooperative attitude toward her husband. Together they gave material about the patient prior to his illness. Their acceptance of the doctor's recommendation to delay the visit with their son suggested that they would willingly cooperate in their son's treatment plan and that they had gained a feeling of satisfaction through their participation.

The making of a financial plan for their son's hospitalization was a source of satisfaction to them as it gave them tangible means of helping him.

Comments. While more material about the patient might have been obtained by interviewing either of the parents alone, the simultaneous interviewing of the parents provided a "sample situation", which gave the worker opportunity to gain further understanding of the patient's relationships with the parents and his conflicts. It was often useful for the worker to keep quiet to see what they said to each other or offered to explain for each other. The interviews gave the parents opportunity to accept and share responsibility for the patient, which may strengthen their relationship.

Interview 2

Mr. John Suzka, age 42, voluntarily admitted himself to the Hospital as he stated he was "nervous" and discouraged. A month later his mother, a large, peasant Polish woman, was in the office for the psychiatric history interview. As she spoke very little English it was difficult for the worker to understand her.

Mrs. Suzka could not accept her son's hospitalization and did not know why he had come to the Hospital. The past two years he had been "resting" at home and had gone to the out-patient clinic of a city hospital. She had kept hoping he would return to work, but instead he had gone to the hospital. His only complaint was a "ringing in the ears". The worker suggested that people sometimes "feel sick" even though they do not look sick, and wondered if this could be true of her son. She did not know and described his assistance to her in the home by doing the chores.

She was worried about herself. She missed her son in the home. One daughter was married recently and the other daughter was to be married. This would leave the financial responsibility to the two older brothers in the home. Her son had received Cash Illness Benefits in the past two years, but these had now expired. She showed the worker a number of letters which Mr. Suzka had received and was unable to understand that he could make application again.

The making of a financial plan for their son's hospitalization was a source of satisfaction to them as it gave them tangible ideas of helping him.

Comments. While more material about the patient might have been obtained by interviewing either of the parents alone, the simultaneous interviewing of the parents provided a "simple situation", which gave the worker opportunity to gain further understanding of the mother's relationships with the parents and his conflicts. It was often useful for the worker to keep quiet to see what they said to each other or offered to explain for each other. The interviews gave the parents opportunity to accept and share responsibility for the patient, which may strengthen their relationship.

Interview I

Mr. John Jones, age 42, voluntarily admitted himself to the Hospital as he stated he was "nervous" and discouraged. A month later his mother, a large, somewhat polish woman, was in the office for the psychiatric history interview. As she spoke very little English it was difficult for the worker to understand her.

Mrs. Jones could not account for son's hospitalization and did not know why he had come to the hospital. The past two years he had been "resting" at home and had gone to the out-patient clinic of a city hospital. She had kept hoping he would return to work, but instead he had gone to the hospital. His only complaint was a "tingling in the back". The worker suggested that people sometimes "feel sick" even though they do not look sick, and wondered if this could be true of her son. She did not know and described his assistance to her in the home by doing the chores.

She was worried about herself. She stated her son in the home. The daughter was married recently and the other daughter was to be married. This would leave the financial responsibility to the two older brothers in the home. Her son had received some illness benefits in the past two years, but these had now expired. She showed the worker a letter or letters with her, which had received and was unable to understand them. He could make application again.

The worker assured her that we could assist him with this.

She spontaneously talked about herself and the difficulty she had known in raising nine children alone upon her husband's death 24 years ago. She spoke with satisfaction of her "good family" and repeatedly said that her son was always a "good boy". The worker conveyed her feeling that Mrs. Suzka had done well to keep the family together during difficult times. Due to the language difficulty the worker suggested that Mrs. Suzka return to the office with her daughter, and gave her a note to give the daughter.

Two weeks later Mrs. Suzka and her daughter, Mrs. Malkowski, came to the office. Mrs. Malkowski, an attractive, well-dressed girl, age 25, willingly acted as interpreter. Mrs. Suzka gained some satisfaction in describing her son's early life, but became quite uncomfortable when her daughter discussed Mr. Suzka's present illness. He had been extremely irritable and critical of his mother. Tears came to Mrs.Suzka's eyes as she nodded her head in agreement. She stated that everything she had done had been wrong. Mrs. Malkowski attributed her brother's change in behavior to his fourteen years of working for little pay, and added that her mother had "held him down". The mother looked rather anxious. The worker commented that sometimes when people do not "feel right" within themselves nothing seems "right" to them, and that perhaps the doctors could help him feel "right". It was not known how much Mrs.Suzka understood of the discussion of her son's illness. After Mrs. Suzka left the office to visit her son, the worker suggested to Mrs. Malkowski that her mother felt rather hurt as she did not understand her brother's illness, and that perhaps she could help her mother to understand his illness and the need for his hospitalization. Mrs. Malkowski expressed her confidence that she could do this. In a sympathetic manner for both her brother and her mother, she described her brother's close relationship with her mother because of her dependency upon him following the father's death. Her mother had made him dependent upon her, also.

The home situation was discussed to help Mrs. Malkowski understand how the family could help her mother adjust to her brother's absence from the home. She understood that her mother was apt to feel lonely and not needed. There was no financial need, and she knew that she and her married brothers and sisters could help her to feel less lonely. She planned to accompany her mother here to visit her brother frequently. The worker thought she had considerable understanding of the mother and her brother.

Needs and Problems. Mrs. Suzka had not accepted her son's illness and hospitalization. She had little understanding of his illness and had felt

The worker assured her that he would assist his wife this.

She spontaneously asked about herself and the difficulty she had known in raising nine children alone upon her husband's death 24 years ago. She spoke with satisfaction of her "good family" and repeatedly said that her son was always a "good boy". The worker encouraged her talking that she. Sonia had done well to keep the family together during difficult times. Due to the language difficulty the worker suggested that Sonia return to the office with her daughter, and gave her a note to give the daughter.

Two weeks later Mrs. Sonia and her daughter, Mrs. Malowski, came to the office. Mrs. Malowski, an attractive, well-dressed girl, age 20, willingly acted as interpreter. Mrs. Sonia gained some satisfaction in describing her son's early life, but became quite uncomfortable when her daughter discovered Mr. Sonia's present illness. He had been extremely irritable and critical of his mother. Tears came to Mrs. Sonia's eyes as she nodded her head in agreement. The friend that everything she had done had been wrong. Mrs. Malowski worried that her brother's change in behavior to his fourteen years of working for little pay, and added that her mother had "held him down". The mother looked rather anxious. The worker discussed that sometimes when people do not "feel right" within themselves nothing seems "right" to them, and that perhaps the doctors could help him feel "right". It was not known how much Mrs. Sonia understood of the discussion of her son's illness. After Mrs. Sonia left the office to visit her son, the worker suggested to Mrs. Malowski that her mother feel better just as she did understand her brother's illness, and that perhaps she could help her mother to understand his illness and the need for his hospitalization. Mrs. Malowski indicated her willingness that she could do this. In a spontaneous manner for both her brother and her mother, she described her brother's close relationship with her mother because of her dependency upon his following the father's death. Her mother had made his demands upon her, also.

The home situation was discussed to help Mrs. Malowski understand how the family could help her mother adjust to her brother's absence from the home. She understood that her mother was not to feel lonely without them. There was no financial need, and she knew that she and her married brothers and sisters could help her to feel less lonely. She planned to accompany her mother here to visit her brother frequently. The worker thought she had considerable understanding of the mother and her problem.

Needs and problems. Mrs. Sonia had not accepted her son's illness and hospitalization. She had little understanding of his illness and was felt

hurt because of his criticism of her. His hospitalization had threatened her feelings of emotional and financial security.

Use of Services. In the two psychiatric history interviews, Mrs. Suzka had opportunity to express her feelings about her son, his illness and hospitalization, and her feelings about herself. In the first interview she seemed to gain satisfaction from talking about her family. Her tone of voice and manner suggested that she had gained a release of emotional tension through reassuring herself that she had been a "good mother".

She expressed her feelings of loneliness and her concern for the family's financial status. It was reassuring for her to learn that the worker would assist her son in making application for the Cash Illness Benefits.

In the second interview Mrs. Suzka's daughter verbalized some of the mother's hurt feelings, which she had not expressed. This gave the mother some release of emotional tension and her manner suggested that she understood her son's change of attitude toward her was an expression of his illness.

Mrs. Suzka's daughter clarified her thinking about the family, her brother and their relationships, and expressed increased sympathy for her brother and sister. She accepted the responsibility for helping her mother gain further understanding of her brother's illness and for helping her to feel needed by the family so that she would be less lonely.

Comments. Because of language limitations the worker could do little but listen sympathetically and convey to Mrs. Suzka her appreciation for her participation, which would facilitate her return to the office with her daughter. In the second interview the worker focused on the daughter's gaining an understanding of the son, his illness and the need for his

hurt because of his criticism of her. His hospitality has threatened her feelings of emotional and financial security.

Use of Interview. In the two psychiatric history interviews, Mrs. Banks had opportunity to express her feelings about her son, his illness and hospitalization, and her feelings about herself. In the first interview she seemed to gain satisfaction from talking about her family. Her tone of voice and manner suggested that she had gained a release of emotional tension through recounting herself that she had been a "good mother".

She expressed her feelings of inadequacy and her concern for the family's financial status. It was reassuring for her to learn that the worker would assist her son in making application for the Cash Illness Benefits.

In the second interview Mrs. Banks's daughter verbalized some of her mother's hurt feelings, which she had not expressed. This gave the mother some release of emotional tension and her manner suggested that she understood her son's change of attitude towards her was an expression of his illness.

Mrs. Banks's daughter clarified her thinking about the family, her brother and their relationships, and expressed increased sympathy for her brother and sister. She accepted the responsibility for helping her mother gain further understanding of her mother's illness and for helping her to feel needed by the family so that she would be less lonely.

Comments. Because of language limitations the worker could do little but listen sympathetically and convey to Mrs. Banks her appreciation for her participation, which would facilitate her return to the office with her daughter. In the second interview the worker focused on the daughter's gaining an understanding of the son, his illness and the need for his

hospitalization, which could be extended to Mrs. Suzka.

Interview 3

Earnest Devereaux, age 34, single, was transferred to the Hospital from a city hospital, where he had been admitted the previous week for he had been found walking the streets barefoot and had appeared to be confused and overactive. A week after his admission Mrs. Devereaux, his mother, age 61, a widow, accompanied by the patient's sister, Mrs. Little, age 40 and married, came to the office for the psychiatric history interview. Mrs. Devereaux appeared careworn and distressed. Mrs. Little, a large built, carelessly dressed woman, appeared excited. In a loud voice and with a manner of importance, she explained that she had come to talk for her mother as her mother spoke only French and she knew what the worker would want to learn as she had been a patient in two mental hospitals and knew as much as any social worker. Worker expressed her acceptance and appreciation for her willingness to help the patient in this way.

In an excited, urgent manner she inquired about the patient as none of the family had been allowed to see him. Hardly pausing, she expressed her non-acceptance attitude towards her brother's hospitalization and her feelings of hostility for her brother Charles. Earnest would never have been hospitalized if it hadn't been for Charles. He had "put" Earnest in the city hospital without telling her, for he thought he was "head of the family" now since the father's death three weeks ago. She was the oldest one of the family and she had her "rights" as head of the family for she had cared for her father until his death and had assisted the family. She thought Charles wished to secure Earnest's back pay at his place of employment and all his benefits so she had consulted a lawyer, who would "take care of everything". She expressed much hostility for her brother Charles, and made frequent references to "court", "suit" and the lawyer, which the worker could not understand. She said in a deliberate, mysterious way that she could not explain the lawyer's services. The mother made no effort to participate, and seemed accepting of the sister's attitudes.

When Mrs. Little stopped talking, the worker suggested that she explain what she knew of her brother's illness. In a dramatic manner she described his change of behavior since the father's death. She blamed Charles for her brother's illness as Charles had "gotten him drunk" following their father's funeral. After further discussion she accepted worker's statement that her brother was not drunk when he had been admitted to the city hospital. The sister concluded that her father's death had been a "shock" to the patient and described their close relationships.

hospitalization, which could be avoided to Mrs. Duke.

Interview 3

Samuel Devereaux, age 78, single, was transferred to the mental from a city hospital, where he had been admitted the previous week for he had been found walking the streets barefoot and he appeared to be confused and overactive. A week after his admission Mr. Devereaux, his mother, age 61, a widow, accompanied by the patient's sister, Mrs. Little, age 40 and married, came to the office for the psychiatric history interview. Mrs. Devereaux appeared nervous and distressed. Mrs. Little, a large built, carelessly dressed woman, appeared apathetic. In a loud voice and with a manner of importance, she explained that she had come to talk for her mother as her mother spoke only French and she knew what the mother would want to learn as she had been a patient in the mental hospitals and knew so much about a city social worker. Mother expressed her appreciation and appreciation for her willingness to help the patient in this way.

In an excited, urgent manner she inquired about the patient as none of the family had been allowed to see him. Verbally pounding, she expressed her non-cooperation attitude towards her brother's hospitalization and her feelings of hostility for her brother Charles. Samuel would never have been hospitalized if it had been for Charles. He had "put" Samuel in the city hospital without telling her. For he thought he was "head of the family" now since the father's death three weeks ago. She was the oldest one of the family and she had her "rights" as head of the family for she had cared for her father until his death and had assisted the family. She thought Charles wishes to secure Samuel's back pay at his place of employment and all the benefits so she had contacted a lawyer, who would "take care of everything". She mentioned such hostility for her brother Charles, and made frequent references to "court", "suit" and the lawyer, which the worker could not understand. She said in a deliberate, aggressive way that she could not explain the lawyer's services. She in her made no effort to participate, and seemed indicating of the interviewer's attitude.

When Mrs. Little stopped talking, the worker suggested that she explain what she knew of her brother's illness. In a rambling manner she described his change of behavior since the father's death. She blamed Charles for her brother's illness as Charles had "gotten his drunk" following their father's funeral. After further discussion she accepted worker's statement that her brother was not drunk when he had been admitted to the city hospital. The sister commented that her father's death had been a "shock" to the patient and described their close relationship.

Some feelings of sympathy for him were expressed.

Spontaneously, she gave material about her brother prior to onset of illness and stressed how he had always accepted responsibility for the family. As Mrs. Devereaux had been practically dependent financially upon Earnest, the worker inquired how she would manage. Mrs. Little stated emphatically that her mother was working, but that she shouldn't continue working as she was "old" and was not well. She had always worked and had no definite complaints. Worker suggested that Mrs. Devereaux might wish to continue working as long as she felt able as it would occupy her time and she might be lonely at home. Mrs. Little disregarded this and said she could leave her family to live with her mother. The worker discussed Cash Illness Benefits, which Mr. Devereaux could receive, but his sister did not wish to assist in application until she had consulted her lawyer. She did not make a financial plan for her brother's hospitalization.

Mrs. Little voluntarily discussed her brother's possible receipt of "electric" treatment. In response to a question and with many gestures she explained that it was something "electric" one was strapped in. Worker described the treatment and assured her that the doctors made careful studies of the patient before making a treatment plan. As she wished to talk with the doctor, the worker called the doctor and was requested to secure an electro-shock permit from the mother. Mrs. Little did not wish her mother to give her approval until she had talked with the lawyer. Worker suggested she might first wish to discuss it with the doctor, and said she was sure that both mother and sister wished to help in any way possible. Mrs. Little expressed much satisfaction for her participation in the interview and decided to see the doctor. Worker escorted them to the doctor's office.

Needs and Problems. Mr. Devereaux's illness and hospitalization had resulted in a crystallization of Mrs. Little's hostile feelings for her brother Charles. She blamed Charles for Earnest's illness and hospitalization, but was more concerned about her own position in the family. Because of her attitude toward Charles, she did not accept her brother Earnest's illness and his hospitalization and did not wish to accept responsibility for him. Her behavior suggested that she was a mentally disturbed individual. Mrs. Devereaux's manner suggested that she shared her daughter's attitudes.

Some feelings of sympathy for him were expressed.

Spontaneously, she gave material about her brother prior to onset of illness and stressed how he was always accepted responsibility for the family. As Mrs. Davenport has been practically her mainly financially upon Barney, the worker inquired for who would care for him. Mrs. Little stated emphatically that her mother was working, but that she thought's continue working as she was "old" and not well. She had always worked and had no definite ideas. The worker suggested that Mrs. Davenport might plan to continue working as long as she felt able to. It would depend on how ill she was and might be lonely at home. Mrs. Little discussed this and said she could leave her family to live with her mother. The worker discussed Dick Illness monetary, which he, Davenport could receive, but his mother did not wish to apply for application until she had consulted her lawyer. She did not make a financial plan for her brother's hospitalization.

Mrs. Little voluntarily discussed her brother's possible insight of "electric" treatment. In response to a question and with many gestures she explained that it was something "electric" one was strapped in. Worker described the treatment and assured her that the doctors made careful studies of the patient before making a treatment plan. As she wished to talk with the doctor, the worker called the doctor and was requested to secure an electro-shock permit from the mother. Mrs. Little did not plan her mother to give her approval until she had talked with the lawyer. Worker suggested she might first plan to discuss it with the doctor, and said she was sure that both mother and sister would be in as many way possible. Mrs. Little expressed such satisfaction for her participation in the interview and declared to see the doctor. Worker encouraged them to the mother's office.

Feeds and Problems. Mr. Davenport's illness and hospitalization had resulted in a crystallization of Mrs. Little's hostile feelings for her brother Charles. She blamed Charles for Barney's illness and hospitalization, but was more concerned about her own position in the family. Because of her attitude toward Charles, she did not accept her brother Barney's illness and his hospitalization and did not wish to accept responsibility for him. Her behavior suggested that she was a mentally disturbed individual. Mrs. Davenport's mother suggested that she blamed her daughter's attitudes.

Use of Services. In the psychiatric history interview, Mrs. Little expressed her non-accepting attitude towards her brother Earnest's hospitalization, her feelings of hostility for her brother Charles, and her concern for her position in the family. She sought to establish her position in the family and to justify her hostile attitude towards Charles. She did accept the fact that her brother Earnest was not "drunk" when he was admitted to the City Hospital and concluded that his illness was partially due to his reaction to his father's death. She did gain some understanding of the need of his hospitalization, as she expressed some sympathy for her brother and voluntarily discussed his possible receipt of electro-shock treatment. The electro-shock treatment was discussed so that she might have a better understanding of it. It is probable that this was helpful as the doctor advised the worker that Mrs. Devereaux signed the electro-shock permit in his office following the interview.

Mrs. Little had opportunity to assist with application for her brother's receipt of Cash Illness Benefits but she refused to do this or to make any plan which would facilitate her mother's adjustment. Her use of the services in the interview was limited because of the nature of her mental disturbance.

Comments. In this interview the worker's activity was limited to helping Mrs. Little gain some recognition of the need of her brother's hospitalization, which may be extended to her mother, and to help her gain some satisfaction from her participation in the interview which would cause her to willingly participate if again requested by the Hospital staff.

Tone of Interview. In the psychiatric history interview, Mrs. Little expressed her non-accepting attitude towards her brother Zarnovik's rehabilitation, her feelings of hostility for her brother Charles, and her concern for her position in the family. She sought to establish her position in the family and to justify her hostile attitude towards Charles. She also accepts the fact that her brother Zarnovik was not "crazy" when he was related to the City Hospital and considered that his illness was partially due to his reaction to his father's death. She did gain some understanding of the need of his hospitalization, as she expressed some sympathy for her brother and voluntarily discussed his possible receipt of electro-shock treatment. The electro-shock treatment was discussed so that she might have a better understanding of it. It is probable that this was helpful as the doctor advised the worker that Mrs. Zarnovik signed the electro-shock permit in his office following the interview.

Mrs. Little had opportunity to assist with application for her brother's receipt of Dept Illness Benefits but was reluctant to do this or to make any plan which would facilitate her brother's departure. Her use of the services in the interview was limited because of the nature of her emotional disturbance.

Comments. In this interview the worker's activity was limited to helping Mrs. Little gain some recognition of the need of her brother's hospitalization, which may be extended to her mother, and to help her gain some satisfaction from her participation in the interview which would cause her to willingly participate if again requested by the Hospital staff.

Interview 4

Mr. John Dupree, age 49, was admitted to the Hospital as he had been depressed, fearful, suspicious, and had had suicidal ideas since February, 1947. The week after his admission, his wife, age 48, an attractive, rather young-appearing, well-dressed woman, came to the office a week early for the psychiatric history interview. As she was from out of town the worker saw her. She appeared emotionally upset and confused.

In a rush of words Mrs. Dupree expressed her feelings about her husband's hospitalization. She had made the decision that he should be admitted to the hospital as he had reached the point where either he or she would have to go to the hospital. He had refused to continue with medical care and she had been unable to cope any longer with him in the home. She knew he was angry with her because she had deceived him in arranging for his admission to the Hospital. Therefore, she was afraid to visit him. The worker commented that it must have been very difficult for her, but that she probably felt that his hospitalization was necessary. She enumerated again the reasons for his hospitalization. She cried as she described his demands on her so that she could not leave him except to go to church, his accusations of unfaithfulness, his irritability and anger with their son's wife before and after she had her baby. She was exhausted and "nervous". She had had to be a go-between for her daughter-in-law, her son and her husband. She poured out her feelings of sympathy for herself and her hostile feelings for her husband until the interview had to be brought to a close at the end of thirty minutes. An appointment was made for her to return to the office. The worker suggested that her husband might have a different attitude now about his hospitalization, as by this date he may have recognized the need of it. She accepted this opinion and expressed her desire to see her husband, but showed marked confusion in securing and following the directions to the ward.

Mrs. Dupree returned to the office the following week and appeared to have less emotional tension. She said she had had a satisfactory visit with her husband the previous week as he had accepted his hospitalization. Again she spontaneously expressed her feelings of sympathy for herself and her inability to secure rest. She could not understand why she was still "nervous". The worker conveyed her understanding of her feelings and her acceptance of them. The worker commented that she might have had considerable worry for some time. She said she had always worried about her husband's "nervousness" and his "loafing", the past years. He had "loafed" for several years at a time if he had not felt like working. It had not done any good to tell him anything. She continued to express hostility for him as she described his irregular employment history. The worker inquired

Interview 4

if he had "always been like that". Rather slowly, she described him the way she had first known him, which led to the description of his conflicts with his brother and a "nervous breakdown" 20 years ago. At that time she had "made" him quit working for his brother. She thought things had never been easy for him because he had been "babied" by his step-mother and had known disappointments with his father and brother in the contracting business. The brother had domineered him, which had caused him to be ill. Although she might have domineered the patient also, she expressed the attitude that it had always been for his own good. Worker wondered if her husband also felt that way.

After giving further material about the patient, she expressed her concern about the family's financial problems. Her only income was Government insurance of a son who had been killed in the War. Another son contributed some to the household, but he would move as soon as there was an available apartment because of the conflict between her husband and her daughter-in-law. The worker understood she wished to be independent of her son and suggested that she might be eligible for a pension from the Government, which she could discuss with a representative of the Veterans Administration or the American Red Cross. She had never considered this and made a plan to do so. She requested that we assist the patient in making application for cash illness benefits. Worker advised her that we would assist the patient.

At the end of the interview she expressed her satisfaction with the patient's hospitalization and some feelings of sympathy and some confidence that he would "get better". She planned to visit him every Saturday. The worker commented that she had done well to keep the family together during the trying time the patient was ill at home. She left the office to visit the patient without any indication of confusion and as though she knew how to proceed satisfactorily.

Needs and Problems. Mrs. Dupree had feelings of hostility toward her husband and his illness and feelings of guilt about his hospitalization. She sought to justify her attitude towards him and his hospitalization. She had fear of his hostility and had not visited him. His illness had caused her to have considerable concern for herself and her problem of adjustment. She had much emotional tension which caused her to be "nervous", confused and unable to function, and had not secured the relief she had anticipated with her husband's admission to the Hospital.

If he had always been like that. Rather slowly, she described the way she had first seen him, which led to the description of his conflicts with his brother and a "terrible breakdown" 20 years ago. At that time she had "saved" his life, quite amazing for his brother. Also strange that things had never been easy for him because he had been "hailed" by his stepmother as the heir-apparent. Her brother had dominated him. Again that caused him to be ill. Although she might have dominated the patient also, she disregarded the attitude that it had always been for his own good. Rather wondered if her husband also felt that way.

After giving further material about the patient, she expressed her concern about the family's financial problems. Her only income was government insurance of a man who had been killed in the War. Another son contributed some to the household, but he would move as soon as there was an available apartment because of the conflict between her husband and her daughter-in-law. The mother understood she wished to be independent of her son and appreciated that she might be eligible for a pension from the government, which she could discuss with a representative of the Veterans Administration or the Veterans Bureau. She had never considered this and made a plan to do so. Also recommended that we assist the patient in making application for such fitness monetize. Tutor advised her that we would assist the patient.

At the end of the interview she expressed her satisfaction with the patient's hospitalization and some feelings of sympathy and some confidence that he would "get better". She planned to visit him every Saturday. The =[illegible]= [illegible] would come with to keep the family together during the trying time the patient was ill at home. She left the office to visit the patient without any indication of confusion and as though she knew how to proceed satisfactorily.

Moods and Problems. Mrs. Lorton had feelings of hostility toward her husband and his illness and feelings of guilt about his hospitalization. She sought to justify her attitude towards him and his hospitalization. She had fear of his hostility and had not visited him. Her illness had caused her to have considerable concern for herself and her problem of maintenance. The Medical Clinical Service which needed her to be "cured", confused and unable to function, and had not secured the relief she had anticipated with her husband's relation to the hospital.

Use of Services. In these two psychiatric history interviews totaling two hours, Mrs. Dupree had opportunity to express her hostile feelings towards her husband and his illness, and her fear of him. She justified her attitude towards his hospitalization. She gained some release of emotional tension through talking about the patient and herself and from crying. Sufficient feelings of guilt were alleviated so that she could accept the worker's suggestion that her husband's attitude towards his hospitalization might have changed. She was able to visit him, which further alleviated guilt.

In the second interview Mrs. Dupree was sufficiently relieved of emotional tension to give material about her husband, which alleviated some guilt and caused her to gain some understanding of him as one who had been domineered and who had known many frustrations. This caused her to be more accepting of his illness and to express feelings of sympathy for him.

The release of emotional tension enabled her to think and act without confusion as she clarified her thinking about her altered home situation, pulled herself together and made a plan for meeting her financial problems by using the Cash Illness Benefits and by contacting the Veterans Administration or Red Cross in regard to a pension.

Comments. The worker's recognition and acceptance of Mrs. Dupree as an individual who had been under considerable emotional strain because of her husband's illness facilitated the expression of feelings about her husband and herself.

Use of Services. In these two psychiatric nurses interviews lasting two hours, Mrs. Dupree had opportunity to express her hostile feelings towards her husband and his illness, and her fear of him. She justified her attitude towards his hospitalization. The related some feelings of emotional tension through talking about the problem and herself and from crying. Sufficient feelings of guilt were alleviated so that she could accept the worker's suggestion that her husband's attitude towards his hospitalization might have changed. She was able to visit him, which further alleviated guilt.

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The release of emotional tension enabled her to think and act without confusion as she clarified her thinking about her mixed home situation, pulled herself together and made a plan for meeting her financial problems by using the Cash Illness Benefits and by contacting the Veterans Administration or Red Cross in regard to a pension.

Comments. The worker's recognition and acceptance of Mrs. Dupree as an individual who had been under considerable emotional strain because of her husband's illness facilitated the expression of feelings about her husband and herself.

Interview 5

Mrs. Carol Kane, age 42, was admitted on a district court commitment to the Hospital as she had persecutory and delusional ideas. A week following her admission her eldest son, Bill Kane, age 21, was in the office for the psychiatric history interview. He was an attractive, neat-appearing boy, who seemed serious, tense, and anxious. He seemed eager to talk about his mother.

He expressed concern for his mother and her hospitalization as he had "put her here". Although the doctor had advised him for a year to arrange for her hospitalization, it had been difficult to make the decision as she was a "regular mother between spells" and he had heard"stories" about state mental hospitals. He had much doubt about the advisability of his decision to have his mother hospitalized, so now he planned to take her home in a couple of weeks if she did not "get well". The worker thought he felt pretty badly about his mother's admission to the Hospital. With much feeling he described his procedure in arranging for her hospitalization. He had asked her to come to court as he was "in trouble" so when she had learned in court of her commitment to the hospital she had been "very angry" with him. He had not been able to "get over it". Somewhat defensively, he explained it was the only way as his mother was resistive to seeing a doctor. The worker conveyed her recognition of his feelings and acceptance of him, which caused him to express his fears that his mother would always be angry with him and that her condition would become more severe in the hospital and he would be responsible.

He expressed ambivalent feelings for his father, who had loved them but had left him to do all "the dirty work" as it should have been his father's responsibility to make the decision about his mother's hospitalization. Since his father's separation from his mother three years ago he had shown little interest in the family. The week following her admission to the Hospital he had written a terse letter to his father, who was stationed at Guam, to either come home and "help out" or to send more money home. The worker could understand his feeling of having too much responsibility so encouraged Mr. Kane to discuss the basis of his parents' marital discord. His parents had quarreled over his father's drinking and his insufficient income. In response to the worker's questions he remembered that his mother had had some of those "silly ideas" that he and his brother were not her "real sons" nor was their father "their real father" at the time of the separation. The worker wondered if his father had not realized that her "silly ideas" were symptoms of her illness.

After further discussion he stated that his father probably did not understand that his mother had not been well for a long time. He decided to write him a letter describing the nature of her

Interview 3

Mrs. Daryl Lane, age 42, was admitted on a district court commitment to the hospital as she had paranoiphrenic and delusional ideas. A week following her admission her mistaken, still fixed, age 21, was in the office for the psychiatric history interview. She was attractive, neat-appearing boy, who seemed anxious, tense, and anxious. He seemed eager to talk about his mother.

He expressed concern for his mother and her hospitalization as he had "put her here". Although the doctor had assured him for a year to arrange for her hospitalization, it had been difficult to make the decision as she was a "regular mother because spoils" and he had heard "stories" about state mental hospitals. He had much doubt about the advisability of his decision to have his mother hospitalized, so now he planned to take her home in a couple of weeks if she did not "get well". The worker thought he felt pretty badly about his mother's admission to the hospital, with much feeling he described his procedure in arranging for her hospitalization. He had asked her to come to court as he was "in trouble" so when she had learned in court of her commitment to the hospital she had been "very angry" with him. He had not been able to "get over it". Somewhat rationalizing, he explained it was the only way as his mother was resistive to seeing a doctor. The worker conveyed her recognition of his feelings and acceptance of him, which caused him to express his fears that his mother would always be angry with him and that her condition would become more severe in the hospital and he would be responsible.

He expressed ambivalent feelings for his father, who now lived three hr had left him to do all "the dirty work" as it should have been his father's responsibility to make the decision about his mother's hospitalization. Since his father's separation from his mother three years ago he had shown little interest in the family. The doctor following her admission to the hospital he had written a long letter to his father, who was stationed at Dunn, to either come home and "help out" or to send more money home. The worker could understand his feeling of having too much responsibility so encouraged Mr. Lane to discuss the basis of his parents' marital discord. His parents had quarrels over his father's drinking and his irregular income. In response to the worker's questions he remembered that his mother had had some of those "silly ideas" that he was his brother were not her "real sons" nor was their father "their real father" at the time of the separation. The worker wondered if his father had not resented that her "silly ideas" were evidence of her illness.

After further discussion he stated that his father probably did not understand that his mother had been well for a long time. He decided to write him a letter describing the nature of her

illness so that he would understand the reason for his mother's hospitalization and their present situation. He thought his father would want to "help out" after learning of his mother's illness. Worker expressed her approval of this plan.

He discussed the present home situation and expressed his concern for the maternal grandmother, age 79, and hard of hearing. She was upset about Mrs. Kane's hospitalization. He and his brother, age 19, not only supported the family but assisted the grandmother in management of the home. Because of his "many responsibilities", he had given up his plans for marriage this year.

At the end of the interview, Mr. Kane suggested that the financial plan for his mother's hospitalization be completed after he had learned his father's plans. He requested that he and his brother have permission to visit their mother on Sundays as that was the only day they did not work. The worker secured the permission from the ward physician. He expressed his appreciation and commented that he had not known the Hospital was "like this". He stated he would visit his mother now as he knew her anger was only part of her illness. He "felt better" now. Obviously considerably relieved, and with a manner of certain confidence, he left the office to visit his mother.

Needs and Problems. The informant had guilt feelings, fears and anxieties which caused him to realize problems of adjustment to the patient's illness and hospitalization. Guilt feelings about the patient's court commitment to the Hospital had caused him to fear the patient's anger for him and to fear that her illness would become more severe. His misconceptions of a mental hospital intensified his fears. He had anxiety about his acceptance of responsibility for the patient, the grandmother, the maintenance of the home, and that he would be unable to carry out his own plan for marriage. He had hostility for the father which prevented him from securing the father's participation and sharing of responsibilities.

Use of Services. In the psychiatric history interview Mr. Kane expressed his feeling of guilt about his mother's hospitalization, his fears for her course of illness and his concern for his own adjustment. It was helpful for him to relate his conferences with the doctor, his reasons for

illness so that he would understand the reason for his mother's hospitalization and their present situation. He thought his father would want to "help out" after learning of his mother's illness. Father expressed her approval of this plan.

He discussed the present home situation and expressed his concern for the maternal grandmother, age 76, and hers of housing. She was upset about Mrs. Jone's hospitalization. He and his brother, age 19, not only supported the family but assisted the grandmother in management of the home. Because of his "very responsibilities", he had given up his plans for marriage this year.

At the end of the interview, Mr. Jone suggested that his financial plan for his mother's hospitalization be completed after he had learned his father's plans. It happened that he and his brother have permission to visit their mother on Sunday so that was the only day they did not work. The mother underwent the psychiatrist from the ward physician. He expressed his appreciation and commented that he had not known the "hospital was like this". He stated he would visit his mother now as he knew her anger was only part of her illness. He "felt better" now. Obviously considerably relieved, and with a manner of certain confidence, he left the office to visit his mother.

Needs and Problems. The interest he felt in the hospital staff, there was anxiety which caused him to realize problems of adjustment to the patient's illness and hospitalization. Quite feelings about the patient's recent commitment to the hospital had caused him to fear the patient's anger for his and to fear that her illness would become more severe. His misconceptions of a mental hospital intensified his fears. He had anxiety about his acceptance of responsibility for the patient, the grandmother, the maintenance of the home, and that he would be unable to carry out his own plan for marriage. He had hostility for the father which prevented him from accepting the father's participation and sharing of responsibilities.

Use of Services. In the psychiatric history interview Mr. Jone expressed his feeling of guilt about his mother's hospitalization. His fears for her course of illness and his concern for his own adjustment. It was helpful for him to relate his conferences with the doctor, his reasons for

making the decision to have her hospitalized, and his activity in arranging for her court commitment. This resulted in a considerable lessening of emotional tension. Some guilt feelings were alleviated through giving material about his mother's illness, as he accepted her illness and her need of treatment.

He gained some understanding of her illness, which caused him to believe that he could visit her and accept her hostility. He made arrangements to visit her on Sundays.

His understanding of his mother's illness caused him to change his feelings for his father somewhat. He thought some of his mother's present symptoms had been evident four years ago at the time his father left home. This caused him to accept responsibility for his father's gaining an understanding of his mother's illness and to secure his father's assistance.

Some of his fears about the Hospital were alleviated through learning the Hospital's interest in the individual patient and through his observations of the Hospital and the grounds, which caused him to feel more comfortable about his mother's hospitalization.

Comments. It may be that Mr. Kane's understanding of his mother's illness and his acceptance of her hospitalization will be extended to his brother and his grandmother, which will facilitate their adjustment to Mrs. Kane's illness and hospitalization. It is known that it is often easier to accept an interpretation from a member of a family rather than from a stranger.

The worker realized that Mr. Kane must still have feelings of guilt about his activity in arranging for his mother's court commitment to the Hospital and that it would have been helpful for him to have given further

making the decision to have her hospitalized, and his activity in arranging for her court commitment. This resulted in a considerable lessening of emotional tension. Some guilt feelings were alleviated through giving material about his mother's illness, as he accepted her illness and her need of treatment.

He gained some understanding of her illness, which caused him to believe that he could visit her and accept her hospitality. He made arrangements to visit her on Sundays.

His understanding of his mother's illness caused him to change his feelings for his father somewhat. He thought some of his mother's present symptoms had been evident four years ago at the time his father left home. This caused him to accept responsibility for his father's leaving on understanding of his mother's illness and to assume his father's guilt.

Some of his fears about the Hospital were alleviated through learning the Hospital's interest in the individual patient and through his observance of the Hospital and the grounds, which caused him to feel more comfortable about his mother's hospitalization.

Comments. It may be that Mr. Zane's understanding of his mother's illness and his acceptance of her hospitalization will be extended to his brother and his grandmother, which will facilitate their adjustment to Mrs. Zane's illness and hospitalization. It is known that it is often easier to accept an interpretation from a member of a family rather than from a stranger.

The worker realized that Mr. Zane must still have feelings of guilt about his activity in arranging for his mother's court commitment to the Hospital and that it would have been helpful for him to have given further

expression to his feelings, but the worker had to determine the focus of the interview within the time limitations of the interview. Two weeks following the interview Mr. Kane returned to the office to complete the financial plan, as he had received a cablegram with money from his father in response to his letter. He expressed satisfaction with this. In an easy manner he related the plans which he and his brother had made, not only to maintain the home adequately, but to make improvements on it. He requested the worker's assistance in services such as transferring his mother's funds from the Hospital to a Savings Bank.

This interview suggested that Mr. Kane had gained some understanding of the Services of the Hospital and that he had used services in the psychiatric history interview which were enabling him to make a more satisfactory adjustment to his mother's illness and hospitalization. Also, this interview seems to indicate that a relationship was established in the initial interview which facilitated further contacts with the Hospital.

Interview 6

Mrs. Marie Cowl, age 64, widow, was transferred to the Hospital from a private hospital, where she had three successive "shocks" and had become confused, overactive, and had delusional ideas. Her youngest son, John Cowl, age 28, married, was in the office a week later for the psychiatric history interview. He was an alert, attractive individual with a boyish manner. He expressed his desire to participate but appeared tense and uneasy.

He had accepted the patient's hospitalization as he recognized the need of his mother's receipt of psychiatric care as well as medical care. He briefly described her illness and concluded that was all he knew. The worker conveyed her recognition of his difficulty in discussing his mother, her illness, and his feelings about her. He seemed appreciative of this and admitted it was difficult to talk about it. In response to the worker's questions and comments he gave additional material about the patient, and

expression to his feelings, but the worker has to determine the tone of the interview within the slow limitations of the interview. Two weeks following the interview Mr. Tone returned to the office to complete the financial plan, as he had received a contingent with money from his father in response to his letter. He expressed satisfaction with this. In an easy manner he related the plans which he and his brother had made, not only to maintain the home adequately, but to make improvements on it. He requested the worker's assistance in services such as transferring his mother's funds from the Hospital to a savings bank.

This interview suggested that Mr. Tone had gained some understanding of the services of the Hospital and that he had been services in the psychiatric history interview which were enabling him to make a more satisfactory adjustment to his mother's illness and hospitalization. Also, this interview seems to indicate that a relationship was established in the initial interview which facilitated further contacts with the Hospital.

Interview 5

Mrs. Marie Dowl, age 54, widow, was transferred to the Hospital from a private hospital, where she had been successive "chronic" and had become confused, overactive, and had delusional ideas. Her youngest son, John Dowl, age 22, married, was in the office a week later for the psychiatric history interview. He was an alert, attractive individual with a bright manner. He expressed his desire to participate for expenses here and money.

He had accepted the patient's hospitalization as he recognized the need of his mother's receipt of psychiatric care as well as medical care. He briefly described her illness and confusion that was all he knew. The worker conveyed her recognition of his difficulty in discussing his mother, her illness, and feelings about her. He acceptance of this and assisted it was difficult to talk about it. In response to the worker's questions and concerns he gave additional material about the patient, and

then expressed his attitude that the patient would not recover because of the many complicating factors of her illness. The worker encouraged him to verbalize his feelings. With difficulty he stated that he had not known of his mother's serious cardiac condition and that she had been under medical care for years until last January, when she had suffered a "shock" shortly after coming to his home to live. He had placed her in a nursing home, but later transferred her to a private hospital as her condition had become progressively more severe. It had been difficult to accept her "mental condition" as she had become confused and her mind "had gone blank" while in the private hospital. It was apparent he had guilt feelings about her removal from his home, but he was unable to verbalize them. He reiterated that her mind had been "all right" until after her transfer to the private hospital. The worker conveyed her acceptance of his feelings and commented that her "mental condition" was difficult to accept. He related incidents which illustrated how his mother had always been "gay and a good sport". He was glad he had taken her with the family on a vacation trip last summer, but he wished he had known of her cardiac condition. The worker wondered if she were the type of person who kept things to herself. He said she always had, and related how she had had an operation years ago but she had not told his father about it until she went to the Hospital. She had allowed the family to think that she had "gotten over" his father's sudden death eight years ago, but he knew that she hadn't been able to accept any affection from anyone since then. The worker discussed various grief reactions and suggested that Mrs. Cowl may have gained much satisfaction in feeling that she was not causing any of the family to have any worry for her. He accepted this thoughtfully.

The worker encouraged him to talk about his mother prior to onset of the illness and her relationships with her husband and the family. With more ease he described their satisfying home life and the patient's marital happiness. He concluded that she had had many satisfactions and had known much happiness.

He expressed some anxiety about his responsibility for his mother. He had had to make all the decisions about her admissions and transfers to hospitals as his elder brother, Ben, had offered no assistance. Ralph, his oldest brother, in Miami, Florida, had offered his assistance, but he was unable to help except financially. The worker inquired if he knew any reason for his brother Ben's attitude. After some exploration of possibilities he stated that Ben's wife was different than his wife, who would do anything she could to help. Worker thought this was possible and wondered if his brother would feel better if he had an opportunity to assist him by sharing the cost of his mother's hospitalization. After some consideration he made a plan to see his brother Ben and learn his attitude about accepting some responsibility for the mother by sharing in the financial plan for her. He decided to call the

worker upon the completion of the financial plan. At the end of the interview he commented that it had been "pretty hard to talk" but that he felt better.

Needs and Problems. The informant had anxiety about the patient and anticipated her death. He had guilt feelings about her removal from his home to a nursing home, which he could not verbalize, and guilt that he had not known of the patient's cardiac condition. He had some feelings of hostility for the elder brother, who had not shared any of the responsibility for the patient.

Use of Services. In the psychiatric history interview, Mr. Cowl with difficulty expressed his concern for the patient and his fear of her termination of life. He gained some understanding of his mother as an individual who had had a satisfying life but who had found it difficult to accept her husband's death. This would facilitate his acceptance of her death. Some release of emotional tension and alleviation of guilt was gained so that he experienced some feeling of comfort about his mother which might facilitate his acceptance of her expectant death.

He expressed his feeling about acceptance of the entire responsibility for his mother and his brother Ben's non-acceptance of any responsibility. He gained sufficient understanding of Ben to make a plan to enlist his participation. A week later Mr. Cowl returned to the office and advised the worker with a manner of satisfaction that Ben had seemed appreciative of his talking with him and wished to share in the financial responsibility for the patient.

Comments. The worker in the psychiatric history interview consciously endeavored to help the informant give expression to his feelings. Recognition of his feelings, that it was difficult to talk about his mother, and

worker upon the completion of the financial plan. It was one of the interviews he commented that it had been "pretty hard to talk" but that he felt better.

Grade and Problems. The informant was anxious about the problems anticipated her death. He had guilt feelings about her removal from his home to a nursing home, which he could not verbalize, and guilt that he had not known of the patient's cardiac condition. He had some feelings of hostility for the elder brother, who had not shared any of the responsibility for the patient.

Use of Services. In the psychiatric history interview, Dr. Ford with difficulty expressed his concern for the patient and his fear of her extinction of life. He gained some understanding of his mother as an individual who had had a satisfying life but who had found it difficult to accept her husband's death. This could facilitate his acceptance of her death. Some relaxe of emotional tension and alleviation of guilt was gained so that in experiencing some feeling of comfort about his mother which might facilitate his acceptance of her impending death.

He expressed his feeling about acceptance of the entire responsibility for his mother and his brother Ian's non-acceptance of any responsibility. He gained sufficient understanding of Ian to take a plan to unlike his participation. A week later Dr. Ford returned to the office and advised the worker with a manner of satisfaction that Ian had accepted approximately of his holding with his any wishes to share in the financial responsibility for the patient.

Comments. The worker in the psychiatric history interview consciously endeavored to help the informant give expression to his feelings. Recognition of his feelings, that it was difficult to talk about his mother, and

some verbalization of them enabled him to give some expression of them so that he gained considerable feeling of release of emotional tension.

Interview 7

Jane Doyle, single, age 20, a mental defective, was admitted to the Hospital as she had frequent temper tantrums, was assaultive to the maternal grandfather, who lived in the home, and had no one to supervise her since the mother's death five weeks ago. The father, Mr. Doyle, age 47, a rather stable appearing individual with a quiet, soft-spoken manner, was in the office three weeks later for the psychiatric history interview. He gave the impression of having a certain sadness and weariness about him. It was difficult for him to express his feelings.

Mr. Doyle stated that it had been difficult for him to make the decision to arrange for his daughter's admission to the Hospital, but he had decided it was the only thing for him to do. He described rather briefly her erratic behavior, conflicts with the grandfather, and his inability to supervise her because of his employment. The worker commented that he must have felt pretty badly about it. He stated that he did as his wife had never considered their daughter's admission to an institution. She had taken good care of her. They had been protective of her and had endeavored to satisfy her child-like interests. He described how he and his wife used to take her riding, to shows and for walks to the store to get ice cream. Everything had changed with the loss of his wife. The worker wondered if he regretted his decision, but pointed out that he had had to make adjustments to his wife's death. He stated that he was satisfied that the patient could be admitted to the Hospital as he was assured she would receive good care. The worker expressed her approval of his decision and suggested that he had had to make necessary adjustments in the home. His eyes filled with tears as he slowly but with much emotion expressed some of his feelings about his wife's sudden death. The worker encouraged him to verbalize his feelings further. He described his loneliness, despondency, and his responsibility to "keep things going on an even keel" in the home. In response to a question, he stated that the twin boys, age 18, and the younger boy, age 10, talked about their mother and tried to help out as much as they could. However, he felt the twins were pretty old and had less need of him, and that John "got along all right". The worker commended him on keeping the family "on even keel", working regularly, and maintaining the home. She suggested it might be helpful to give John opportunities to talk about his mother and his feelings about her death, as children did more thinking and imagining than one thought. He thought that could be possible. The worker caused

some verbalization of them enabled him to give some expression of them so that he gained considerable feeling of release or emotional catharsis.

Interview V

Jane Doyle, single, age 22, a medical secretary, was admitted to the hospital as she had frequent temper tantrums, was sensitive to the maternal transference, who lived in the home, and was so she to supervise her since the mother's death five weeks ago. The father, Mr. Doyle, age 47, a rather stolid supporting individual with a quiet, soft-spoken manner, was in the office three weeks later for the psychiatric history interview. He gave the impression of having a certain sadness and weariness about him. It was difficult for him to express his feelings.

Mr. Doyle stated that it had been difficult for him to make the decision to arrange for his daughter's admission to the hospital. He had hoped it was the only thing for him to do. He seemed rather utterly bewildered by erratic behavior, conflicts with the grandfather, and his inability to supervise her because of his employment. The worker commented that he must have felt pretty badly about it. He stated that he did so at his job but never complained. He stated that he had no intuition. He had taken good care of her. They had been protective of her and had enhanced to activity her child-like interests. He described how he was also used to take her fishing, to shows and for walks to the store to get ice cream. Everything had changed with the loss of his wife. The worker commented if he regretted his decision, but noticed out that he had had no other alternative to his wife's death. He stated that he was satisfied that the patient could be admitted to the hospital as he was assured she would receive good care. The worker expressed her approval of his decision and suggested that he had had to make unnecessary sacrifices in the home. His eyes filled with tears as he slowly but with much emotion expressed some of his feelings about his wife's sudden death. The worker encouraged him to verbalize his feelings further. He described his loneliness, despondency, and his responsibility to "keep things going, so an even keel" in the home. In response to a question, he stated that the twin boys, age 15, and the younger boy, age 10, talked about their mother and tried to help out as much as they could. However, he felt the twins were pretty old and had lost sight of him, and that John "got along all right". The worker commended him on keeping the family "on even keel", working regularly, and maintaining the home. She suggested it might be helpful to give John opportunities to talk about his mother and his feelings about her death, as children did some thinking and imagining that one thought. He thought that could be possible. The worker called

him to consider the many ways in which the children's need of him had increased with the change in the home.

He gradually became more comfortable in discussing his daughter's hospitalization and commented that she might have to be hospitalized always. The worker suggested that some other plan, such as a transfer to the State School, might be made later if the doctors found no illness. Rather anxiously he stated that he hoped not, as he had heard the State School was undesirable and he could not afford to place her in a private institution. The worker understood his feeling of guilt about placing her in an institution for mental defectives, so only commented that he could be assured she would receive good physical and medical care at the State School.

At the end of the interview he expressed his concern for his daughter in that she had lost weight, and requested that the nurses give her particular attention as she was unable to care for her personal needs. He had talked with the doctor earlier. The worker understood his concern for her and commented that right at this time it was difficult to accept her hospitalization, although he had recognized the need of providing care for her outside the home, but that in time he would realize the value of it for her and for the family. This seemed to be of reassurance to him. With considerable feeling, he expressed appreciation for the interview.

Needs and Problems. Mr. Doyle had feelings of grief about his wife's recent death and some feelings of guilt about his daughter's removal from the home. He was unable to recognize the emotional needs of the children. He tended to repress expressions of feeling and had considerable emotional tension. His feelings of guilt were increased when faced with the possibility of his daughter's transfer to a State School for mental deficients.

Use of Services. In the psychiatric history interview Mr. Doyle gained some alleviation of guilt about his daughter's hospitalization by describing her erratic behavior and his difficulty in supervising her because of his absence from the home during working hours. It was also helpful for him to describe what he and his wife had done for his daughter and how they had devoted their time and interests to her.

It was difficult for him to express some of his feelings about his wife's sudden death and his difficulty in accepting her death, but he gained considerable release of emotional tension. This enabled him to talk about the other children and gain some appreciation of the possible effect of his wife's death upon them. As he talked about how he could give John opportunities to talk about his mother and how he could take an interest in the children's activities, he seemed to lose some of his feelings of despondency.

He was not able to accept his daughter's possible transfer to the State School for mental deficients, but the worker thought the discussion regarding it might stimulate him to make inquiry about the institution so that when he was requested to assist with the application for his daughter's transfer he would be more accepting of it.

Four weeks later Mr. Doyle was requested to assist with the application for his daughter's transfer to the State School for mental deficients. In an office interview he expressed his acceptance of his daughter's transfer. He had made several inquiries about the institution and had learned of its excellent facilities. He inquired about visitor's privileges and indicated his continued acceptance of responsibility for her. He expressed satisfaction with his decision to place his daughter outside the home as he was assured that his daughter would receive good care. He thought perhaps she could learn some things about taking care of herself which he and his wife had not been able to teach her, which would enable her to return to the home. He talked freely about the boys and his plans for them, and expressed considerable interest in them. He expressed the confidence that with time he would be able to accept his wife's death.

It was difficult for him to express some of his feelings about his wife's sudden death and his difficulty in accepting her death, but he gained considerable release of emotional tension. This enables him to talk about the other children and gain some appreciation of the possible effect of his wife's death upon them. As he talked about her he could give him opportunities to talk about his mother and how he could take an interest in the children's activities, he seemed to lose some of his feelings of despondency.

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Comment. The worker consciously endeavored to help Mr. Doyle express his feelings about his wife's death and the resulting problems of adjustment so that he could more comfortably accept his decision to have his daughter removed from the home and yet to accept responsibility for her. The second interview indicated that he had been able to gain some comfort and satisfaction in the activity he had taken to effect an adjustment to his wife's death.

The worker's expression of approval for Mr. Doyle's decision to have his daughter admitted to the Hospital was of reassurance to him and tended to alleviate guilt feelings.

These interviews suggest that a satisfactory relationship was established in the initial interview which facilitated Mr. Doyle's continued participation.

Interview 8

Mrs. Anne Bailey was admitted to the Hospital because she had had persecutory and delusional ideas since last January. One week after her admission her elder son, Harry, age 28, who had become depressed since onset of his mother's illness, was admitted to the Hospital as he had made a suicidal attempt. When his wife had been in the office for the psychiatric history interview, she had given some information on the family and the home situation. Mrs. Bailey's younger son, Roland, age 19, lived alone in the home and her daughter, Donna, age 13, had lived with neighbors since onset of Mrs. Bailey's illness. Mrs. Bailey's son, Roland, had not acknowledged letters of appointment and had not been at home when a home visit was made for the psychiatric history interview, so it was six weeks after Mrs. Bailey's admission that Roland came to the office for an interview. He was a tall, slender boy with acne of his face. He had a self-conscious manner and endeavored to be casual and objective, but the worker felt he was tense and anxious.

Roland expressed an indifferent, casual attitude towards his mother's and brother's hospitalizations. He made no inquiry about

Comment. The worker conscientiously endeavored to help Mr. Doyle express his feelings about his wife's death. He saw the remaining problems of adjustment so that he could more constructively accept his decision to have his daughter removed from the home and yet to accept responsibility for her. The second interview indicated that he had been able to gain some mastery and satisfaction in the activity he had taken to effect an adjustment to his wife's death.

The worker's expression of approval for Mr. Doyle's decision to have his daughter admitted to the Hospital was of resources to him can tendes to alleviate guilt feelings.

These interviews suggest that a satisfactory relationship was established in the initial interview which facilitated Mr. Doyle's continued participation.

Interview 8

Mrs. Anne Bailey was admitted to the Hospital because she had had paranoidery and delusional ideas since last January. Only week after her admission her elder son, Harry, age 26, who had become depressed since onset of his mother's illness, was admitted to the Hospital as he had made a suicidal attempt. When his wife had been in the office for the psychiatric History Interview, she had given some information on the family and the home situation. Mrs. Bailey's younger son, Roland, age 19, lived alone in the home and her daughter, Donna, age 12, had lived with neighbors since onset of Mrs. Bailey's illness. Mrs. Bailey's son, Roland, had not acknowledged letters of appointment and had not been at home when a home visit was made for the psychiatric History Interview, so it was six weeks after Mrs. Bailey's admission that Roland came to the office for an interview. He was a tall, slender boy with acne of his face. He had a self-conscious manner and endeavored to be casual and objective, but the worker felt he was tense and anxious.

Roland expressed an indifference, casual attitude towards his mother's and brother's hospitalizations. He made no inquiry about

them and spoke with no concern of them. He described his mother's illness in a flat, matter-of-fact manner, and commented that she would probably be in the Hospital quite a while as she had "schizophrenia, paranoid". When questioned, he rather hesitantly said that he had read the book, The Human Mind, and from that had made his own deductions. Rather uncertainly he stated it meant being "suspicious and accusing". He had not talked with a doctor about it - but he had read the entire book. The worker wondered if he had any questions. As he made no response, the worker stated that illnesses like his mother's and brother's were difficult to understand and that they frequently varied as to symptoms and the degree to which the symptoms were expressed, so that the doctors were reticent about making a diagnosis as they wished to learn the meaning of the patient's behavior in order to plan effective treatment. The worker stressed that he might expect changes from time to time in his mother's behavior and that he could talk with a doctor at the Hospital about her illness if he had any questions about it. He made no response but appeared to be less tense and was more responsive in the interview.

He had little understanding of his sister, Donna. He had not seen her frequently since she lived with the neighbors, so did not know what understanding she might have of the illnesses and hospitalizations of her mother and brother. He thought she got "along all right", but did hope the family agency could place her in a foster home as "she ran around too much" and there was little supervision in the home. She was "at that age where no one could tell her anything". The worker agreed that it was a difficult age and that his sister might be the type of a person who kept her real feelings to herself so as not to let anyone know how she felt. Rather thoughtfully, he said, "It probably wouldn't hurt to see her, but it probably wouldn't do any good." The worker suggested that it sometimes takes a while for people to talk about themselves, but that she would probably find it very satisfying to have a "big brother" to talk with as he could be of much help to her. He smiled and thought that could be true.

He had seemed to deliberately avoid any discussion of his own adjustment until a financial plan for his mother's hospitalization was discussed. With some hesitancy, he stated that he would be unable to supplement the Widow's Government Pension, which she received, as he was endeavoring to work and maintain the home. He expressed concern for his mother and the hope that she could recover soon and be returned home. The worker understood his feelings and expressed her attitude that it would mean much to his mother when she was well.

At the end of the interview the worker inquired if he planned to visit his brother, Harry, for she had previously told him that the doctor had recommended that his mother not receive visitors at the present time. He was indecisive and appeared uncomfortable

so the worker felt that he feared a visit with his brother would be upsetting to him. She called the ward and learned that he could visit his brother, although it was not a visiting day. This seemed to be of reassurance to him, as he stated he would make the visit. He said he would return to the office if the worker could be of any assistance to him. The worker again expressed her appreciation for his coming to the Hospital to talk about his mother as it was most helpful to the doctors. With a manner of confidence he left the office to visit his brother.

Needs and Problems. Mr. Bailey had anxiety for his mother, brother and for himself, but he was not able to verbalize his feelings. The worker thought he had concern for himself in that he might have a psychiatric disability. Because of his fears, he had an unrealistic attitude towards their illnesses and hospitalizations and was not able to visit them. He had an unsympathetic attitude towards his sister so did not have a comforting relationship with any member of the family.

Use of Services. In the psychiatric history interview, Mr. Bailey had opportunity to express his feelings, fears and anxieties but he was unable to express his real feelings about his mother and brother. He seemed appreciative of the worker's recognition of his feelings and her conscious verbalization of them as he became less tense and at the end of the interview was able to express his concern for his mother.

He gained some release of emotional tension through talking about his understanding of his mother's illness based on his readings of The Human Mind. He gained the understanding that illnesses such as his mother's varied in the degree to which the symptoms were expressed, which would help him to visit her and accept the changes in her behavior during her course of illness. His fears were somewhat alleviated through the understanding he gained of his mother's illness which enabled him to face his fear of seeing his brother. It is possible that it will be easier now for

so the worker felt that he feared a visit with his brother would be upsetting to him. She called the ward and learned that he could visit his brother, although it was not a visiting day. This seemed to be of reassurance to him, so he stated he would make the visit. He said he would return to the office if the worker could be of any assistance to him. The worker again mentioned her appreciation for his coming to the hospital to talk about his mother as it was most helpful to the worker. With a manner of confidence he left the office to visit his brother.

Needs and problems. Mr. Bailey has anxiety for his mother, brother and for himself, but he was not able to verbalize his feelings. The worker thought he had concern for himself in that he might have a psychiatric disability. Because of his fears, he was an unrealistic attitude towards their illnesses and hospitalizations and was not able to visit them. He had an unsympathetic attitude towards his sister so did not have a cooperating relationship with any member of the family.

Use of Interview. In the psychiatric history interview, Mr. Bailey had opportunity to express his feelings, fears and anxieties but he was unable to express his real feelings about his mother and brother. He showed appreciative of the worker's recognition of his feelings and her encouraging verbalization of them as he became less tense and at the end of the interview was able to express his concern for his mother.

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him to visit the Hospital.

He expressed his concern for his sister and gained some understanding of her problems of adjustment. Through talking about her he recognized that he might be able to help her understand his mother's and brother's illness and that he might help her accept foster home placement until his mother could return home. This may strengthen their relationship.

Some feeling of appreciation of self for his acceptance of responsibility in coming to the Hospital to talk with the worker and in working and maintaining the home was gained. While he may continue to have some fears and anxieties for his mother, his brother and for himself, he is now free to return to the Hospital to talk with a doctor or with the worker.

Comments. The worker's activity in this interview was directed largely toward conveying her acceptance of Mr. Bailey with all his feelings and resistances, and consciously verbalizing his feelings which freed him to give expression to them.

Interview 9

Mrs. Jeanne Margolis, age 24, was brought to the Hospital by her father, Mr. Renault, and a sister, Mrs. Peattie, for she was "nervous", irritable, and had frequent crying spells. Mr. Renault had explained that since his wife's recent death, the family had not been able to care for her and that her husband had been physically abusive to her. A week later, Mr. Renault, age 66, accompanied by Mrs. Peattie, age 40, a widow, were in the office for the psychiatric history interview. Mr. Renault, who was a small, untidily dressed individual, gave the impression of being reserved and authoritative. Mrs. Peattie was tense and seemed quite upset in contrast to her father's complacence and had much weariness about her. She explained that she had accompanied her father as he spoke French and only limited English. She was apprehensive about the material which she could give about her sister as she had returned here last January after living six years in the West. She did not talk spontaneously and responses to the worker's questions were delayed because of her role as interpreter. The

worker felt there was considerable tension between Mr. Renault and Mrs. Peattie, and that Mrs. Peattie wished her father to accept the entire responsibility for participation in the interview. Mr. Renault made no effort to speak in English but understood it well.

Mr. Renault accepted his daughter's hospitalization as a protection from her husband. Mrs. Peattie did not think her sister was ill, but her hospitalization had been a last resource. She had not approved of her sister's hospitalization. In response to her father's comments, she related in a listless, despondent voice the reasons for her sister's hospitalization. Her sister had returned three months ago because of her husband's abusive treatment and his refusal to provide food and a place to live. The living conditions in the parental home had been crowded, as in addition to herself and her sister a married sister and family had lived there. They had all been pretty upset following their mother's death, and then they had feared her sister would return to her husband as she had on previous occasions. Mr. Renault sought to justify his attitude towards his daughter's hospitalization by having Mrs. Peattie describe Mrs. Margolis' husband and the reasons for Mr. Renault's rejecting attitude towards him. He thought Mr. Margolis should pay for his daughter's hospitalization as he had never supported her. Following further discussion, he concluded that he had not advised Mr. Margolis of Mrs. Margolis' hospitalization and did not wish to talk with him. In English Mr. Renault explained that he was not able to assume financial responsibility for her because of his limited income. He expressed his concern for himself as he was apprehensive about his capacity to continue working.

Mr. Renault expressed some hostility for his daughter, who had married despite his efforts to prevent it. In the discussion which followed he continued to express an authoritative attitude towards her. Mrs. Peattie grew increasingly uncomfortable during the discussion of her sister's early life and Mr. Renault was unable to give much material. The worker suggested that it was not necessary for both to remain in the interview and that perhaps one of them wished to visit Mrs. Margolis. After Mr. Renault left, Mrs. Peattie slowly and with much feeling expressed sympathy for her sister and hostility for her father and other members of the family in that they were unwilling to help her sister. They were unduly critical of her. She did not think it was helpful for someone to tell another how to live. The worker expressed her understanding of this. She thought her sister had married to free herself of the family as she had done; also, it was possible that she did love her husband. Spontaneously, she described their early home life, her sister's relationships with members of the family, their parents' domination of them and their emotional demands on them. She thought her sister would be discharged from the Hospital at a near date as she was not ill. She did not know

what plans her sister might have. She wished her father and brothers, who were carpenters, would build her sister a small cottage so that she would be sure of a place to live. The worker expressed her attitude that Mrs. Peattie's non-critical and sympathetic attitude towards her sister would be most helpful and suggested that Mrs. Peattie might help the other members of the family to gain further understanding of her.

The worker wondered what Mrs. Peattie's plans were. She had no plans as she had managed the household since her mother's death but knew she didn't wish to remain in the home. After further discussion she commented that she could secure employment and would look for a tenement. Perhaps her sister would wish to live with her. The worker suggested that she might wish to talk with her sister to learn her attitude towards her return home as she might help her in making plans. At the end of the interview, she expressed concern that she would not be able to visit her sister as it was after visiting hours and she had no way of coming to visit her later although members of the family had cars. The worker suggested that she request a member of the family to bring her to the Hospital as it would give her an opportunity to enlist the family's assistance. She accepted this and expressed appreciation for the interview.

Needs and Problems. Mr. Renault wished to justify his attitude of acceptance of his daughter's hospitalization. He had hostility for his daughter's husband and some feelings of hostility for his daughter. Mrs. Peattie considered her sister's hospitalization as the family's punishment and because of their rejection of her. She had feelings of hostility for her father and members of the family who had not been sympathetic of her sister and who had not offered their assistance. She identified with her sister, who had had similar problems with the family.

Use of Services. In the psychiatric history interview of one hour and a half, Mrs. Peattie had opportunity to express her feeling about her sister and her hospitalization and to express her feelings about herself. She talked sympathetically of her sister and expressed hostility for her father and other members of the family, which caused a lessening of emotional tension. She gained further understanding of her sister in that she recognized

what plans her sister might have. She blames her father and brothers, who were responsible, while helping her sister a small cottage so that she would be sure of a place to live. The worker expressed her attitude that Fanitia's non-critical and sympathetic attitude towards her sister would be most helpful and suggested that she, Fanitia might help the other members of the family to gain further understanding of her.

The worker wondered what she, Fanitia's plans were. She had no plans as she had managed the household since her mother's death but knew she didn't wish to remain in the home. After further discussion she commented that she could secure employment and would look for a tenement. Perhaps her sister would wish to live with her. The worker suggested that she might wish to talk with her sister to learn her attitude towards her return home as she might help her in making plans. At the end of the interview, she expressed concern that she would not be able to visit her sister as it was after visiting hours and she has no way of coming to visit her later although members of the family had cars. The worker suggested that she request a member of the family to bring her to the hospital as it would give her an opportunity to assist the family's assistance. She accepted this and expressed appreciation for the interview.

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Use of Services. In this psychiatric history interview of one hour and a half, Mrs. Fanitia had opportunity to express her feeling about her sister and her hospitalization and to express her feelings about herself. She talked sympathetically of her sister and expressed hostility for her father and other members of the family, which caused a loosening of emotional tension. She gained further understanding of her sister in that she recognized

their common problems within the family. This increased her feelings of sympathy for her sister and acceptance of her. She accepted responsibility for Mrs. Margolis and responsibility for helping the members of her family gain some understanding of her so that they might be more sympathetic and accepting of her. This knowledge will be helpful to the Hospital staff at the time Mrs. Margolis is to be discharged from the Hospital.

She clarified some of her thinking about herself and defined her problems of adjustment to her husband's death. She mobilized some of her own strengths as she discarded some of her feelings of apathy, made a plan for securing employment and for establishing a home apart from her father's. This interview may have been her first opportunity to discuss her problems with someone outside the family.

Mr. Renault used the interview to justify his acceptance of the patient's hospitalization. He refused to accept any financial responsibility for his daughter which suggested that there had been a crystallization of hostile feeling for her. His use of the services in the interview was limited because of the language difficulties and the tension between him and his daughter, Mrs. Peattie.

Comments. Attitudes toward a patient and his hospitalization may not be seen until a financial plan is to be made for the patient's hospitalization. The worker may see a crystallization of feelings and attitudes about the patient. This is helpful to the worker in determining the family's willingness and capacity to participate in the patient's treatment plan and to accept responsibility for him. It may also be a means of determining the relative's economic status, which will be helpful if the patient is to be returned home.

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Comments. Attitudes toward a problem and its hospitalization may not be seen until a financial plan is to be made for the patient's hospitalization. The worker may see a crystallization of feelings and attitudes about the patient. This is helpful to the worker in determining the family's willingness and capacity to participate in the patient's treatment plan and to accept responsibility for him. It may also be a means of determining the relative's economic status, which will be helpful if the patient is to be returned home.

The worker interviewed the father and sister simultaneously during the first half of the interview as it provided a "sample situation" in which the worker gained further understanding of Mrs. Margolis' relationships to her father and members of the family and some understanding of her problems of relationships. Her sister was later selected as the informant as the worker thought she could use more of the services available in the interview within the time limitations and that possibly the understanding which she might gain of her sister could be extended to other members of the family.

Interview 10

Mr. Don Lane, age 54, was admitted to the Hospital as a transfer from a city hospital for he was depressed and had made suicidal attempts. One week later, his wife, age 53, and son, Bill Lane, age 25, were in the office for the psychiatric history interview. Mrs. Lane, a small, neat-appearing, well dressed woman, gave the impression of being precise, efficient and domineering. Her son appeared at ease. Mrs. Lane's manner suggested that she was tense and eager to have the interview over.

Mrs. Lane in a rather urgent manner inquired of her husband's condition and explained that a doctor at the city hospital had told her daughter that her husband's "brain was dissolving". She could not explain further and said she had not talked with a doctor. She did not think he would "last long". Rather tensely, she said she hadn't seen her husband since his hospitalization as she was afraid of him. She knew he was angry about his hospitalization, and then, too, he had always had it in for her. The worker repeated her last comment. She described incidents in which he had expressed hostility toward her. She continued speaking rather rapidly that she had taken all she could and she was "nervous and worn out" so that it was all she could do to keep working. It had been a question of either the patient or herself going to the Hospital. The worker commented that it must have been difficult to care for her husband, the home, and to continue working. Rather wearily, she said that since last February she had had nothing but "worry" about him. She had not been able to sleep as she had had to watch him for suicidal attempts, which he had made only at night. Rather scornfully, she described his frequent attempts at suicide, which she thought were only to "worry" her. He had humiliated her and the family by exposing himself, by his outbursts of anger, and

by his accusations of her unfaithfulness. She had known fear of him when he had asked her if he had ever choked her and when the family had not been able to find the gun, which his son had hid.

The worker conveyed her understanding that her husband's illness had caused difficulties. Mrs. Lane expressed feelings of sympathy for herself. She was weary of her husband's "attempts to get sympathy", his many excuses for not working the past four years, and his irregular employment history prior to that. She had always had to work and assume responsibility for the family. She continued to express hostility toward her husband as she described his present illness, which had begun fifteen years ago. She had disregarded his complaints and his convulsive seizures as several doctors had told her there was no physical basis for them. Her discourse was interrupted when she glanced out of the window and recognized her husband outside his ward, a distance of 250 yards. She expressed surprise and curiosity as "he had been about dead". She and her son, who had made little attempt to talk despite the worker's encouragement, showed marked interest so the worker inquired if they wished to visit Mr. Lane. Mrs. Lane shuddered and said she was afraid to see him - particularly alone. As they continued to watch Mr. Lane, the worker suggested they could visit him in the doctor's office if they wished. With some hesitancy, she accepted the suggestion. The worker called the ward doctor, who stated he would arrange the visit and would talk with Mrs. Lane about her concept of his illness.

Upon their return to the office, Mrs. Lane stated she had had "the surprise of her life" as her husband had not been angry and had expressed his satisfaction with his hospitalization. The doctor had assured her that her husband's "brain" was not "dissolving" and had suggested that there was a partial physical basis for his illness. She was less tense and more confident of herself as she gave descriptive material about him, his frequent hospitalizations for stomach ulcers and "nerves". In a rather impatient manner she gave some material about his early life in response to questions. He had been raised in an "Orphan's Home" as his parents had died when he was young. The worker commented that he hadn't had a home until his marriage. With some expression of sympathy she said he hadn't had opportunity to know his brothers and sisters. The worker understood that and commented that when an individual has not had sufficient love as a child he may try always to secure love in various ways. She made no comment. The worker added that some people endeavored to secure this affection through being ill. After a pause, Mrs. Lane said that her husband had been depressed two years ago upon the death of a son in the War and that he seemed fond of the children. The children were fond of him, too. She broke off and began a discussion of herself.

Mrs. Lane spoke with concern for herself in that she was "nervous". She thought she would be able to continue working. The worker talked with her about the Cash Illness Benefits, which would also assist her in the event that she discontinued working. She said she would learn if Mr. Lane were eligible for the Benefits. At the end of the interview, Mrs. Lane made a financial plan to pay all hospitalization costs and stated that she would visit her husband Saturday. She thought probably something could be done for him here.

Needs and Problems. Mrs. Lane had little understanding of the patient and the meaning of his illness and had an erroneous concept of his illness. She had guilt feelings about his hospitalization and wished to justify her hostile attitude towards him and her acceptance of his hospitalization. She blamed him for her nervousness, which threatened her feeling of self-sufficiency. Because of her attitudes towards her husband and herself, she had fear of him and she wished to have no responsibility for him.

Use of Services. Mrs. Lane expressed her feeling of hostility for her husband and her attitude of acceptance towards his hospitalization. She justified her attitudes by describing her difficulties in caring for him in the home and his long history of ill health. This alleviated sufficient emotional tension and guilt for her to visit her husband in the doctor's office. His apparent improved physical condition and his acceptance of his hospitalization tended to further alleviate guilt about his hospitalization. She accepted the doctor's correction of her erroneous concept of her husband's illness.

She have material about her husband and gained some appreciation of him as an individual who had never had a home and a family until their marriage. The discussion on the possible meaning of his illness to him seemed to reactivate her feelings of inadequacy. Her feelings toward him changed somewhat in that she expressed some sympathy for him, accepted financial

Mrs. Lane spoke with concern for herself in that she was interested. She thought she would be able to continue working. The worker talked with her about the Cook Illinois benefits, which would also assist her in the event that she discontinued working. She said she would learn if so. Lane were eligible for the benefits. At the end of the interview, Mrs. Lane made a financial plan to pay all hospitalization costs and stated that she would visit her husband Saturday. She thought probably everything could be done for his here.

Needs and Problems. Mrs. Lane had little understanding of the patient and the meaning of his illness and had an erroneous concept of his illness. She had guilt feelings about his hospitalization and wished to justify her hostile attitude towards him and her acceptance of his hospitalization. She blamed him for her nervousness, which threatened her feeling of self-sufficiency. Because of her attitudes towards her husband and herself, she had fear of him and she wished to have no responsibility for him.

Use of Services. Mrs. Lane expressed her feeling of hostility for her husband and her attitude of acceptance towards his hospitalization. She justified her attitudes by describing her difficulties in caring for him in the home and his long history of ill health. This alleviated sufficient emotional tension and guilt for her to visit her husband in the doctor's office. His apparent improved physical condition and his acceptance of his hospitalization tended to further alleviate guilt about his hospitalization. She accepted the doctor's correction of her erroneous concept of her husband's illness.

She have material about her husband and gained some appreciation of him as an individual who had never had a home and a family until their marriage. The discussion on her possible meaning of his illness to him seemed to reactivate her feelings of inadequacy. Her feelings toward him changed somewhat in that she expressed some worrying for him, accepted financial

responsibility for him, and made the plan to visit him regularly.

Mrs. Lane expressed considerable concern for herself. She clarified some thinking about herself, made the decision to determine her husband's eligibility for Cash Illness Benefits, and expressed the attitude that she could continue working.

Comments. The worker focussed the attention on Mrs. Lane by conveying her recognition and acceptance of her feelings about her husband and herself. This facilitated Mrs. Lane's release of material about her husband and release of emotional tension.

It is probable that Mrs. Lane did gain some understanding of how she could participate in her husband's treatment plan and some understanding of the services of the Hospital as the following week her daughter called for her as she was employed out of town, and requested a report on his condition. She had been unable to visit her husband as planned the previous Saturday due to an unavoidable difficulty, but she would visit him that week.

Interview 11

Miss Anne Lyon, age 36, was admitted to the Hospital as a transfer from a nursing home, where she had been admitted the previous week for she had been confused, noisy, suicidal and had delusional ideas. A week after her admission her brother, Mr. Lyon, age 30, and her sister's husband, Mr. Allen, age 44, were in the office for the psychiatric history interview. Mr. Lyon was a pleasant appearing individual who gave the impression of being stable and rather easy-going. Both appeared apprehensive and were eager to participate as they had been with the patient when she became ill and they had made all the arrangements for her hospitalization.

Rather anxiously, Mr. Lyon and Mr. Allen expressed concern for Miss Lyon as they had not seen her since her admission to the Hospital. The last time they had seen her they had been distressed

responsibility for him, and made the plan to visit him regularly.

Mrs. Lane expressed considerable concern for herself. She admitted some thinking about herself, with the decision to determine her husband's eligibility for Case Illness Benefits, and expressed the attitude that she could continue working.

Comments. The worker focused the attention on Mrs. Lane by conveying her recognition and acceptance of her feelings about her husband and herself. This facilitated Mrs. Lane's release of material about her husband and release of emotional tension.

It is probable that Mrs. Lane did gain some understanding of how she could participate in her husband's treatment plan and some understanding of the services of the Hospital as the following week her daughter called for her as she was employed out of town, and requested a report on his condition. She had been unable to visit her husband as planned the previous Saturday due to an unavoidable difficulty, but she would visit him that week.

Interview II

Mrs. Anne Lynn, age 36, was admitted to the Hospital as a transfer from a nursing home, where she had been admitted the previous week for she had been confused, noisy, violent and had delusional ideas. A week after her admission her brother, Mr. Lynn, age 30, and her sister's husband, Mr. Allen, age 40, were in the office for the psychiatric history interview. Mr. Lynn was a pleasant appearing individual who gave the impression of being alcohol and rather easy-going. Both appeared cooperative and were eager to participate as they had been with the patient when she became ill and they had made all the arrangements for her hospitalization.

Father unknown. Mr. Lynn and Mr. Allen expressed concern for Mrs. Lynn as they had not seen her since her admission to the Hospital. The last time they had seen her they had been distressed

about her continuous crying and suicidal attempts. They had not been able to understand the variations in her behavior as some days when the family had visited her she had appeared better. They were discouraged that the electro-shock treatments had not been effective, for Miss Lyon had "gotten worse" in the Nursing Home. They felt badly about having to bring her out to the Hospital, but the doctor had told them she needed long time care. They wondered about the length of her hospitalization. The worker expressed her understanding of their feelings of discouragement about the illness, and suggested that sometimes considerable time and intensive treatment were required but that they could talk with the doctor following the interview.

Mr. Lyon and Mr. Allen had little understanding of Miss Lyon's illness and expressed their bewilderment and inability to explain it. They thought the onset had been sudden and described how Miss Lyon had come to her sister's home one night with the announcement that she had given up her position as maid in the home where she had been employed more than a year. They had accepted this as they had known she had been dissatisfied since December. She had been "all right" until the next day, when she had been critical and irritable with her sister. That night she had talked "foolishly" and had been unaware of her surroundings, so was seen by a psychiatrist the following morning who had her admitted to a nursing home. The worker conveyed her understanding that it was difficult for the family to observe Miss Lyon's change in behavior, and wondered how well her sister understood her illness for she had been upset by Miss Lyon's hostility toward her. They thought Mrs. Allen was still "nervous and upset", but she was now sympathetic toward her sister. The worker commended them on taking responsibility for Miss Lyon's receipt of treatment, and stated that an illness like hers is often difficult to recognize as it may come on slowly. With much difficulty at first and with a manner of incredulousness, they related incidents about Miss Lyon which they had given little thought to and now recognized as being part of her illness. They expressed much satisfaction in giving the material about her, which clarified their understanding of her.

Mr. Lyon had little understanding of his sister. With hesitance, he explained that he hadn't "seen too much" of her. The family had always thought her a little "different". Spontaneously, he described his sister's relationships with members of the family and her activities which he now thought were her efforts to adjust to the mother's death eight years ago. He supposed she had been pretty lonely. He gave additional material in a thoughtful manner.

They both expressed concern as to what "would happen" to Miss Lyon in the Hospital as the electro-shock treatment which she

about her continuous crying and violent attempts. They had not been able to understand the variations in her behavior as some days when the family had visited her she had appeared better. They were discouraged that the electro-shock treatments had not been effective. For Miss Lyon had "rotten moments" in the nursing home. They felt badly about having to bring her out to the hospital, but the doctor had told them she needed long time care. They wondered about the length of her hospitalization. The worker expressed her understanding of their feelings of discouragement about the illness, and suggested that sometimes considerable time and intensive treatment were required but that they could talk with the doctor following his interview.

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They both expressed concern as to what "would happen" to Miss Lyon, in the hospital or the electro-shock treatment which she

had received in the Nursing Home had not helped her. The worker described the doctor's studies of the patient, the establishment of a treatment plan, and the facilities for the various types of treatment here. They listened intently and then expressed their satisfaction with the hospitalization. The worker pointed out that treatment might be over a period of time. They knew that various members of the family would visit regularly and that her sister was most eager to help in any way possible.

At the end of the interview they stated they would discuss the financial plan for Miss Lyon's hospitalization with the families and advise the worker the following week. Mr. Lyon commented that it had been a "relief" to talk about his sister. As they wished to visit her the worker made arrangements with the ward doctor, who would be available to them. They expressed their appreciation for the interview and left the office to visit the patient's ward.

Needs and Problems. Mr. Lyon and Mr. Allen had anxiety about Miss Lyon and her admission to the Hospital. They had little understanding of the patient's illness and the services of the mental Hospital. It was difficult for them to accept Miss Lyon's admission to the Hospital. Her brother had little understanding of her as an individual and may have had guilt feelings about her.

Use of Services. Mr. Lyon and Mr. Allen expressed their anxiety for Miss Lyon, and their apprehension about her course of illness in the Hospital. They gained some understanding of her illness and the services of the Hospital which resulted in some alleviation of anxiety and lessening of emotional tension. Their understanding of her and her illness beginning more than three years ago clarified her problems of relationships with those at her place of employment and with themselves, so that they realized increased feelings of sympathy for the patient.

They gained some understanding of the various forms of treatment for the patient's illness and the services of the Hospital, which gave them a feeling of satisfaction that they had arranged for the patient's admission

had received in the Nursing Home had not helped her. The worker described the doctor's studies of the patient, the establishment of a treatment plan, and the facilities for the various types of treatment here. They listened intently and then expressed their satisfaction with the hospitalization. The worker pointed out that treatment might be over a period of time. They were then various members of the family would visit regularly and that her sister was most eager to help in any way possible.

At the end of the interview they stated they would discuss the financial plan for Miss Lyon's hospitalization with the family and advise the worker the following week. Mr. Lyon commented that it had been a "relief" to talk about his sister. As they wished to visit her the worker made arrangements with the ward doctor, who would be available to them. They expressed their appreciation for the interview and left the office to visit the patient's ward.

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Use of Services. Mr. Lyon and Mr. Allen expressed their anxiety for Miss Lyon, and their appreciation about her course of illness in the hospital. They gained some understanding of her illness and the services of the Hospital which resulted in some alleviation of anxiety and lessening of emotional tension. Their understanding of her and her illness beginning more than three years ago clarified her problems of relationship with them at her place of employment and at home. So that they realized increased feelings of sympathy for the patient.

They gained some understanding of the various forms of treatment for the patient's illness and the services of the hospital, which gave them a feeling of satisfaction that they had arranged for the patient's admission

to the Hospital.

They realized a feeling of appreciation for their participation in Miss Lyon's treatment plan. This was extended to the sister, who called the worker the following week and gave additional material about the patient and advised the worker of the financial plan. The sister suggested that the patient's employer not be contacted as she feared it would jeopardize the securing of a reference upon return home. She also stated they were not "telling anyone" of her sister's hospitalization. The worker wondered if perhaps the employer might have concern for Miss Lyon and be appreciative of learning that she was receiving good care and treatment in the Hospital. Mrs. Allen considered this and made the decision to call the employer and advise her of her sister's illness and hospitalization. This might not only enlist the employer's participation but cause Mrs. Allen to have a more accepting attitude towards the Hospital, which will be reflected in her relationships with others.

The public's attitude toward mental illness and a mental hospital tends to increase the family's anxiety. This interview which prompted Miss Lyon's sister to call the worker resulted in two or more families gaining some alleviation of their feeling of stigma about mental illness and securing information about the mental hospital which may alleviate some anxiety.

Comment. An understanding of mental illness may come through the worker's indirectly focusing the discussion on the patient's relationships with those in his environment, his past and present difficulties and his way of handling them. The giving of material about the patient may stimulate the family's thinking about the patient and crystallize feelings and

to the Hospital.

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Comment. An understanding of mental illness may come through the worker's indirectly focusing the discussion on the patient's relationships with those in his environment, his past and present difficulties and his way of handling them. The giving of material about the patient may alleviate the family's thinking about the patient and regrettable feelings and

attitudes in the time elapsed after the interview.

Interview 12

Mrs. Jane Horne, age 42, was brought to the Hospital by her father who had explained that the patient had had a "nervous breakdown". She was restless, inattentive, and had smoked cigarettes all night so he had feared she would be harmful to self or to others. Two weeks after her admission the father, Mr. Smith, age 67, came to the office for the psychiatric history interview. He was a slender, rather distinguished appearing individual, who gave the impression of being domineering and authoritative. He appeared weary and worried. In response to learning the purpose of the interview, he stated that he would be glad to be of any possible help.

Mr. Smith expressed his feeling of hurt and grief over his daughter's illness and her hospitalization. He hadn't wanted to admit her to the Hospital, but he hadn't been able "to do anything with her". It had been difficult for him to accept her change of behavior as she had changed from the loving daughter, who had always been his Pal and who had taken care of him the past three years when he was incapacitated with arthritis, to an irritable daughter, who disregarded his needs and who had been verbally abusive to him. His eyes filled with tears and it was difficult for him to talk as he described her present illness and his feelings of bewilderment about her changed behavior. The worker conveyed her understanding that his daughter's changes in behavior had distressed him, and inquired when he had first observed the changes. He had not recognized her illness at first and had attributed her "nervousness" to her marital difficulties. She had left her husband for the last time three years ago and had secured a divorce last September. With considerable feeling, he expressed his attitude that his daughter's husband was to blame for her illness and gave further descriptive material about her, her relationships with the husband and with himself. He had never accepted her marriage and had tried to prevent it. Her husband had visited her during the past three years until he, Mr. Smith, had forbade it as her husband drank excessively. The worker conveyed her understanding that it was difficult for a parent to stand by and see a daughter unhappy, but that each individual needed freedom to do what seemed best to him. He thought her illness was the result of her unhappiness. The worker wondered how Mrs. Horne felt about her husband. In a tone of disgust he said she loved him but he could not understand why. Worker suggested that each individual is different and has different ways of finding happiness and satisfaction. With considerable vehemence, Mr. Smith stated that the Hospital should

attitudes in the time elapsed after the interview.

Interview 12

Mrs. Jane Doros, age 42, was brought to the hospital by her father who had complained that the patient had had a "nervous breakdown". She was restless, irritative, and had lacked discretion all night so he had learned she would be unwise to call up to observe. Two weeks after her admission the father, Mr. Smith, was 67, came to the office for the psychiatric history interview. He was a slender, neither distinguished nor striking individual, who gave the impression of being dedicated and supportive. He appeared weary and worried. In response to learning the purpose of the interview, he stated that he would be glad to be of any possible help.

Mr. Smith expressed his feeling of hurt and grief over his daughter's illness and her hospitalization. He didn't wanted to admit her to the hospital. "I'd be hadn't been able to anything with her". It had been difficult for him to conceive her plan - or behavior as she had changed from the loving daughter, who had always been his pal and who had taken care of him the past three years when he was incapacitated with arthritis, to an irritable impatient, who disregarded his needs and who had been verbally abusive to him. His eyes filled with tears and it was difficult for him to talk as he described her present illness and his feelings of bewilderment about her changed behavior. The worker surveyed her understanding that his daughter's changes in behavior had distressed him, and inquired when he had first observed the changes. He had not recognized her illness at first and had attributed her "nervousness" to her marital difficulties. She had left her husband for the last three years ago and had secured a divorce last September. With considerable feeling, he expressed his attitude that his daughterly husband was to blame for her illness and gave further descriptive material about her, her relationship with the husband and with herself. He had never accepted her marriage and had tried to prevent it. Her husband had visited her during the most three years until he, Mr. Smith, had taken it as her husband from occasionally. The worker conveyed her understanding that it was difficult for a parent to stand by and see a loved one suffer misery, and that each individual needed freedom to do what seemed best to him. He thought her illness was the result of her unhappiness. The worker mentioned his fear. Jane felt about her husband. In a tone of disgust he said she loved him but he could not understand why. Worker mentioned that each individual is different and has different ways of finding happiness and satisfaction. With considerable vehemence, Mr. Smith stated that the hospital should

"make" her husband pay for his daughter's hospitalization. The worker wondered what his daughter's attitude would be as she had not requested alimony. He didn't know. Worker suggested he might wish to discuss this with her when she had sufficiently improved, and also that she may later have a different attitude about her divorce. His understanding of her could be most helpful to her. After some hesitation he made a plan to pay part of her hospitalization.

Mr. Smith had anxiety about himself and his ability to support the home. He had only recently returned to work and was apprehensive about his ability to work. The patient had supported the home until eight months ago. He was also apprehensive about his wife, who had returned home on a Trial Visit from this Hospital last week. Worker assured him that the Hospital would maintain its interest in his wife. In response to a question, he stated he was feeling better. Plans for application to Blue Cross Insurance and Cash Illness Benefits were made. He thought "they" could get along all right if he felt as well as he did now. Worker commended him for his capacity to make adjustments and accept responsibility. He said he would return to the office if the worker could be of assistance to him.

Needs and Problems. Mr. Smith found it difficult to accept his daughter's illness as he considered it as her punishment of him. He had guilt feelings about her hospitalization as he endeavored to blame her husband for her illness and he had need to talk about his own hurt feelings and sympathy for himself. He had little understanding of his daughter and had been over-protective of her. Her illness had caused him to have anxiety about her and himself, as he was apprehensive about his ability to accept responsibility for his wife and for himself.

Use of Services. In the psychiatric history interview Mr. Smith had opportunity to express his feelings of hurt and grief about his daughter, and her illness. He gained some understanding of her illness, which alleviated his feeling that the patient had been punishing him. This enabled him to be more accepting of her illness.

He freely expressed hostility for his daughter's husband, but

acknowledged that she loved her husband. He clarified some of his thinking about his daughter, her husband and himself as he accepted partial financial responsibility for her and expressed a sympathetic attitude towards her. He gave no indication of gaining any understanding of his daughter as an individual who may have been torn between himself and her husband. However, it may be that this interview will be a "stepping stone" in modifying his over-protective attitude towards the daughter. The worker consciously focused on his daughter's feelings and attitudes about her marital situation, which may cause him to further reflect on questions and his own responses so that he may gain further understanding of her, which may free her upon her recovery to move towards her own level of adjustment.

Comments. It may have been helpful for Mr. Smith to have given some expression to his feelings of guilt, but in this interview he was unable to do so, partially because of his hostile attitude towards his daughter's husband. Perhaps in a second interview he could have given some expression to them. Probably his acceptance of some financial responsibility for his daughter may have been a means of alleviating some guilt feelings.

Interview 13

Mr. Turner, age 55, was brought to the Hospital in an ambulance and was accompanied by his wife, who stated that her husband had drunk excessively since last December and was now depressed and weak. He had a history of a venereal disease and convulsive seizures. A week after his admission, his wife and elder daughter, Alice, were in the office for the psychiatric history interview. Mrs. Turner, age 48, was a large, maternal, attractive, well dressed woman, who appeared to be emotionally upset and on the verge of tears. Her daughter, an attractive, well dressed girl, age 24, expressed a protective attitude towards her mother.

acknowledged that she loved her husband. He clarified some of his thinking about his daughter, her husband and himself as he accepted partial financial responsibility for her and expressed a appreciable attitude towards her. He gave no indication of minimizing any misunderstanding of his daughter as an individual who may have been taken between himself and her husband. However, it may be that this interview will be a "stepping stone" in modifying his over-protective attitude towards the daughter. The worker consciously focused on his daughter's feelings and attitudes about her marital situation, which may cause him to further reflect on questions and his own responses so that he may gain further understanding of her, which may free her upon her recovery to move towards her own level of adjustment.

Comments. It may have been helpful for Mr. Smith to have given some expression to his feelings of guilt, but in this interview he was unable to do so, partially because of his hostile attitude towards his daughter's husband. Perhaps in a second interview he could have given some expression to them. Probably his acceptance of some financial responsibility for his daughter may have been a means of alleviating some guilt feelings.

Interview 12

Mr. Turner, age 52, was brought to the hospital in an ambulance and was accompanied by his wife, who stated that her husband had drunk excessively since last December and was now depressed and weak. He had a history of a recurrent alcoholic and convulsive seizures. A week after his admission, his wife and older daughter, Lilia, were in the office for the psychiatrist's weekly interview. Mrs. Turner, age 48, was a large, nervous, attractive, well dressed woman, who appeared to be constantly upset and on the verge of tears. Her daughter, an attractive, well dressed girl, age 23, expressed a protective attitude towards her mother.

Miss Turner was reluctant to leave the office, and requested that her mother not be "made" to see her father. The worker assured them both that they need not see him unless they wished to do so.

In an urgent manner Mrs. Turner began by asking about her husband's condition as she did not understand "how he could live". He had been "weak as a kitten" and almost "dead" so that when she had accompanied him here she felt as though she were in a hearse. She did not see how he could survive this illness, as it was his third hospitalization for an alcoholic debauche. Tears came to her eyes. The worker commented that she must have had a difficult time since the onset of the patient's illness. She cried as she expressed feelings of sympathy for herself. She had not been able to "take any more". It had reached the point where either he or she had to be hospitalized. She had not been able to "eat, sleep, or think" and sometimes she thought she would "lose her mind". She poured out her hostile feelings for her husband, who had made "a nervous wreck" out of her, had upset the entire household so that they "couldn't even move", and had caused herself and her two daughters much social embarrassment. She described her "sufferings" during his recurrent alcoholic illnesses and hospitalizations. She had "done everything" for him, had taken care of him like a child, but had received nothing but his abuse and expressions of jealousy and hostility. She continued to cry as she enumerated the reasons for making the decision that the patient should be admitted to this Hospital. She had expected to gain some feeling of relief with his hospitalization but she was unable to gain any rest. The worker suggested that she had been under a strain for a number of months and that it was natural for her to feel upset.

She expressed concern about Mr. Turner's continued absence from his place of employment. She wished to give his employer some excuse for his continued absence, but did not wish to tell the employer of her husband's hospitalization as they were not telling anyone. The worker suggested that the employer may already have concern for her husband, and that he may be appreciative of learning of his hospitalization. She considered this and made the plan to talk with the employer.

At the end of the interview she requested a report on her husband's condition. The worker secured this from the ward physician. She expressed disbelief upon learning there was no change in his condition. An appointment for a second interview was made.

Mrs. Turner appeared more composed when she returned for the second interview. She expressed satisfaction with her visit that day with her husband's employer, for he had expressed

sympathy for her husband and had arranged for him to receive one month's pay. He assured her that his position would be held for him. Spontaneously, she talked about her husband and vacillated between expression of a maternal protective attitude and hostile attitude towards him. She was responsive to the worker's questions about him prior to his illness and sympathetically described his ill health from childhood and his mother's over-protection of him. She thought he had drunk excessively because of his fears of the possible consequence of syphilis. He was "fine" when he didn't drink, but she did not wish to continue living with him as she could "never, never go through that again". She cried as she again described the humiliations and abuses she had "suffered". She said she would not visit him as this was the "end". The worker felt she had conflicting feelings about her husband, so suggested that she might wish to talk sometimes with a doctor here or with one of her own choice. She quickly rejected this for she "knew" she was "through" with him.

She expressed her fears about her lack of income. As Mr. Turner had Blue Cross Insurance, the worker advised her that application for this could be made. The worker wondered what she thought she might do. She said she did not wish to be dependent upon her daughter. The worker expressed her understanding of this. She thought she was "too old" to return to work as a stenographer. The worker repeated, "too old?" This caused her to express surprise. After some discussion she said perhaps she could secure employment, if not as a stenographer perhaps as a saleslady. After further discussion she made a plan to contact some employment agencies. She expressed appreciation for the "talks" and the worker's comment that she could return to the office at a later date if she wished to. She left the office to leave cigarettes for her husband with the ward nurse.

Needs and Problems. Mrs. Turner wished to justify her rejecting attitude towards her husband and her acceptance of his hospitalization. Her feelings of guilt and hostility towards him caused her to have much emotional tension, so that she was not able to function as she had expected upon his admission to the Hospital. She had concern about herself for she had emotional and financial problems of adjustment. Her feeling of "shame" about the mental hospital caused her to think that her social and financial statuses were threatened.

Use of Services. In the two psychiatric history interviews Mrs.

Turner had opportunity to express her feelings about her husband, his illness and hospitalization, and to express feelings about herself. She freely expressed feelings of hostility for her husband and his illness and feelings of sympathy for herself. She justified her acceptance of his hospitalization and her rejection of him by describing his illnesses and her efforts to help him, which had been futile. She gained considerable release of emotional tension from talking and crying. Some guilt about his hospitalization was alleviated by describing his illness. This release of emotional tension freed her to think through her problems and to make a plan for talking with her husband's employer.

In the second interview Mrs. Turner had less emotional tension as her interview with her husband's employer had been satisfying. She was freed to give material about her husband prior to his present illness, which also helped to alleviate guilt feelings and caused her to feel a little sympathetic towards her husband. She was more accepting of his hospitalization as her feeling of stigma about the Hospital had been somewhat removed through learning the employer's sympathetic attitude and the worker's accepting attitude.

She discussed her financial problems and her apprehension about her ability to secure work. Through a discussion of her former employment and the employment agencies which may be helpful to her, she made a plan to secure employment. She gained some satisfaction in thinking through her problems, pulling herself together and making plans which will facilitate her adjustment.

Mrs. Turner did not wish to talk with her husband's doctor or one of

Turner had opportunity to express her feelings about her husband, his illness and hospitalization, and to express feelings about herself. She freely expressed feelings of hostility for her husband and his illness and feelings of guilty for herself. She justified her ambivalence of his hospitalization and her rejection of him by describing his illnesses and her efforts to help him, which had been futile. She gained considerable relaxes of emotional tension from talking and crying. Some guilt about his hospitalization was alleviated by describing his illness. This release of emotional tension frees her to think through her problems and to make a plan for dealing with her husband's employer.

In the second interview Mrs. Turner had less emotional tension as her interview with her husband's employer had been satisfying. She was forced to give material about her increased guilt to his present illness, which also helped to alleviate guilt feelings and caused her to feel a little sympathetic towards her husband. She was more accepting of his hospitalization as her feeling of guilty about the illness had been somewhat removed through learning the employer's sympathetic attitude and the authentic accepting attitude.

She discussed her financial problems and her apprehension about her ability to secure work. Through a discussion of her former employment and the employment associates which may be helpful to her, she made a plan to secure employment. She gained some satisfaction in thinking through her problems, putting herself together and making plans which will facilitate her adjustment.

Mrs. Turner did not wish to talk with her husband's doctor or one of

her own choice. The referral to a psychiatrist may have been threatening to her. However, the worker's casual comment that she might wish to talk with her husband's doctor or one of her own choice offered her a recognition of her feelings and a tangible security. She is now free to talk with a doctor or the worker when she wishes to.

Comments. In the first interview the focus was entirely on Mrs. Turner and her feelings about her husband and herself as she had much emotional tension. The worker made no effort to obtain material about her husband. She conveyed her recognition and acceptance of Mrs. Turner and her feelings, which freed Mrs. Turner to express her feelings. In the second interview she helped Mrs. Turner "pull herself together" so that she was free to move ahead and carry out her plans.

CHAPTER IV

SUMMARY AND CONCLUSIONS

A study was made of the use of the psychiatric history interview, which has as its first purpose to obtain and prepare for the Hospital doctors a history with as complete a picture as possible of the patient's life and present illness. All of the interviews at the Rhode Island State Hospital for Mental Diseases from May 7 to June 7, 1947, were used. The informant was a parent, spouse, or brother or sister. As the psychiatric history interview may be the first and only interview with the patient's relative, and as it may be the relative's first interview with a member of the Hospital staff, the study was made for a threefold purpose: to ascertain 1) the services in the psychiatric history interview which are available to the family of the patient which may increase its capacity to live within its changed situation; 2) how the worker may make the services available to the relative within the limitations of the length of the interview and the number of interviews with the relative; 3) how the relative may use the services.

The study of the thirteen interviews indicated that the services available to the relative were determined by one or more of the following factors: 1) the needs and problems of the relative; 2) the relative's willingness and capacity to use the services; 3) the worker's use of skills and methods.

In the interviews studied all the relatives had needs and problems

CHAPTER IV

SUMMARY AND CONCLUSIONS

A study was made of the use of the psychiatric history interview, which has as its first purpose to obtain and prepare for the hospital doctors a history with as complete a picture as possible of the patient's life and present illness. All of the interviews at the Rhode Island State Hospital for Mental Diseases from May 7 to June 7, 1947, were used. The informant was a parent, spouse, or brother or sister. As the psychiatric history interview may be the first and only interview with the patient's relative, and as it may be the relative's first interview with a member of the hospital staff, the study was made for a threefold purpose: to ascertain 1) the services in the psychiatric history interview which are available to the family of the patient which may increase its capacity to live within its changed situation; 2) how the worker may make the services available to the relative within the limitations of the length of the interview and the number of interviews with the relative; 3) how the relative may use the services.

The study of the fifteen interviews indicated that the services available to the relative were determined by one or more of the following factors: 1) the needs and problems of the relative; 2) the relative's willingness and capacity to use the services; 3) the worker's use of skills and methods.

In the interviews studied all the relatives had needs and problems

which they were or were not aware of at the initial part of the interview but which had resulted in emotional tension. The needs and problems arose from one more of the following sources: 1) guilt feelings; 2) fears and anxieties for the patient; 3) fears and anxieties for themselves. These had caused problems of adjustment to the patient's illness and hospitalization, so that most of the relatives were unwilling or fearful of acceptance of responsibility for the patient and/or for themselves.

Most of the relatives had conscious or unconscious guilt feelings about the patient and his hospitalization and had accepted his hospitalization as the only or last resource. Mr. Doyle (Interview 7) had accepted the hospitalization of his mentally defective daughter, who was not ill, but felt guilty as his wife, who was recently deceased, had never considered the patient's admission to an institution. Guilt feelings caused some of the relatives to have difficulty in accepting the patient's hospitalization on the basis of the patient's need for psychiatric treatment. Some of the relatives had wished to be free of the responsibility of caring for the patient in the home, as had Mrs. Lane (Interview 10).

Fears, real and imaginary, for the patient had caused anxiety for some of the relatives. The patient's admission to the Hospital had not alleviated their fears for him. Guilt feelings had caused Mr. Kane (Interview 5) to fear that his mother's condition would become more severe in the Hospital so he had made the plan to take his mother home. The patient's admission to the Hospital had a finality about it which caused a few of the relatives to believe that the patient would not recover, as in the case of Mrs. Turner (Interview 13).

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Fears, real and imaginary, for the patient had caused anxiety for some of the relatives. The patient's relatives to the Hospital had not alleviated their fears for him. Guilt feelings had caused Mr. Rose (Interview 5) to fear that his mother's condition would become more severe in the Hospital so he had made the plan to take his mother home. The psychiatrist's admission to the Hospital had a finality about it which caused a few of the relatives to believe that the patient would not recover, as in the case of Mrs. Turner (Interview 13).

Misconceptions of the Hospital and its services tended to increase fears and anxiety. It is known that the present day attitude of a large part of our society is that the mental hospital is a jail-like place where "crazy people" are kept. The relative, who is a part of society, shares that attitude. This caused some of the relatives to be uncertain about their decision to have the patient admitted to the Hospital and had increased their fears about the patient, as, for example, Mr. Kane (Interview 5) who had heard "stories" about mental hospitals. A few of the relatives expressed a feeling of stigma about the Hospital and the patient's illness. Mrs. Turner (Interview 13) felt ashamed to explain her husband's absence from work to his employer and Mrs. Allen (Interview 11) stated "they were not telling anyone" of their sister's hospitalization.

Misconceptions of the patient's illness had increased the relative's fears and/or guilt feelings. Although society has been exposed to some knowledge of psychiatry during the past years, there continues to be a shroud of ignorance, superstition and mystery around mental illness. A mental illness is difficult to face, partially because of society's attitudes towards it and partially because the relatives feel somewhat responsible for the patient's illness. Most of the relatives had taken the patient to doctors for medical care before arranging for admission to the Hospital. Most of them had their own theories as to the cause of the patient's illness and had directed their efforts to effecting the patient's recovery as, for example, Mr. and Mrs. Modello (Interview 1), who had thought their son's masturbation may have been the cause of his illness, had, after realizing futility from visits with doctors, devoted their interest to activities which would "take his mind off himself".

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Misconceptions of the patient's illness had caused a considerable number of the relatives to be unsympathetic towards the patient as Mrs. Lane (Interview 10), who had years ago learned there was no physical basis for her husband's illness. These misconceptions of the patient's illness and the Hospital had limited the capacity of the relatives to participate and accept responsibility for the patient and had limited their capacity to adjust to their changed situation.

In the interviews studied, most of the relatives had doubts, fears and/or anxiety for their own adjustment which caused them to be unwilling or fearful of acceptance of responsibility for the patient. The patient's illness and hospitalization had resulted in a crystallization of the relatives' attitudes towards the patient, towards another member of the family and towards themselves. Mr. Bailey (Interview 8) had a fear he might have a psychiatric disability similar to his mother's and brother's, who were patients in the Hospital. Mrs. Little (Interview 3) had a hostile attitude toward her brother, which prevented her from accepting the patient's hospitalization and from participating in his treatment plan. Mrs. Turner (Interview 13) expressed the attitude that her husband's present illness was the termination of their relationship. Many of them were concerned about their own "nervousness", ill health, and problems in the home.

In all the interviews studied the relatives gained some alleviation of guilt feelings. This released some emotional tension, facilitated release of material, and gave them the feeling they were helping the patient. How were the guilt feelings alleviated? Giving material about the patient before and after onset of the patient's illness tended to alleviate some guilt. Most of them spontaneously described the patient's behavior after

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onset of the illness and their efforts to effect the patient's recovery, which made them feel more certain of their decision about the patient's hospitalization. Relating their reasons for their decision and their procedure in arranging for the patient's commitment to the Hospital was helpful for many of them as with Mr. Kane (Interview 5) who had considerable guilt about deceiving his mother about coming to Court, where she could be committed to the Hospital. Describing the things they had done for the patient and the sacrifices they had made relieved some guilt as with Mr. Doyle (Interview 7), who described how he and his wife had satisfied the patient's childlike interests. Giving material about the patient prior to onset of his illness gave some of the relatives opportunity to alleviate guilt even though the material given was somewhat colorful, as with Mrs. Turner (Interview 5).

The making of a financial plan for the patient's hospitalization gave most of the relatives a tangible means of helping the patient, which tended to alleviate guilt. For example, Mr. Smith (Interview 12), who had guilt feelings about his daughter's illness, which he had not expressed, gained some lessening of guilt through acceptance of some financial responsibility for her.

The worker's expression of her recognition and acceptance of the relatives with all their feelings facilitated alleviation of guilt feelings. Her attitude of approbation for the relative's decision about the patient's hospitalization was helpful to several of the relatives, as with Mr. and Mrs. Modello (Interview 1). Mrs. Modello, who had been hostile to her husband and had not accepted the patient's hospitalization, changed her feelings towards her husband and was more accepting of the patient's

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hospitalization. The worker's accepting attitude of the relative who had wished to be rid of the patient in the home caused several of them to gain considerable release of emotional tension and alleviation of guilt, as Mrs. Dupree (Interview 4) who poured out her feelings about the patient, his illness and her sympathy for herself.

The alleviation of some guilt freed the relatives to be more willing participants in the interview.

While the writer may be optimistic, the study did suggest that most of the relatives gained some or further understanding of the patient's illness, which increased their capacity to participate in the patient's treatment plan and which increased their capacity to live within their changed situation. It also caused some relatives who had expressed hostility for the patient and who had refused to accept responsibility for him to have some sympathy for the patient.

How can some understanding of the patient's illness be gained? The study suggested that the relative must first be free of sufficient emotional tension so that he is able to think about the patient and give material either spontaneously or in response to the worker's questions and comments. He may be stimulated to make deductions about the patient's illness, which are satisfying to him. The understanding may be a slow unfolding process, which stimulates the relative to give further material and which gives him a feeling of satisfaction, as with Mr. Lyon (Interview 11). Some misconceptions were corrected through re-education. Mr. and Mrs. Modello (Interview 1) were relieved to learn that masturbation could not have been a cause of their son's illness.

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How can more understanding of the patient's illness be gained? The study suggested that the relative must first be free of sufficient emotional tension so that he is able to think about the patient and give material either spontaneously or in response to the worker's questions and comments. He may be stimulated to make definitions about the patient's illness, which are satisfying to him. The understanding may be a slow unfolding process, which stimulates the relative to give further material and which gives him a feeling of satisfaction, as with Mr. Lyon (Interview H). Some misconceptions were corrected through re-education. Mr. and Mrs. Rafello (Interview I) were relieved to learn that psychiatrists could not have been a cause of their son's illness.

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relatives to clarify their or others' relationships with the patient, which caused the relatives to change their feelings about the patient or about another member of the family. For example, Mr. Kane (Interview 5) had expressed hostility for his father, who had left home four years ago, but changed his feelings about him somewhat when he understood that his mother had had some of her present symptoms four years ago. This caused Mr. Kane to make the plan to write his father a descriptive letter of his mother's illness, as he thought his father would wish to share responsibilities when he learned of their changed situation.

Some gained the understanding that the patient's hostility was a manifestation of his illness which caused the relatives who had fear of visiting the patient to believe they would visit and face his hostility, as with Mrs. Dupree (Interview 4), who visited the patient and gained further alleviation of guilt feelings and fears.

A few gained some understanding of the patient's illness, which would prepare them for changes in the patient's course of illness. This might soften the shock when they visited the patient and saw sharp variations in the patient's behavior, as with Mr. Bailey (Interview 8).

Within the limitations of the length of the interview and the relative's capacity to gain understanding of the patient's illness, the worker could only hope that the relative gained sufficient understanding of the patient's illness to help him be more accepting of the patient's hospitalization and to define his role as a participant in the patient's treatment plan. Mrs. Little (Interview 3), who was mentally disturbed, was the only relative in the study who refused to participate in the patient's treatment plan at the end of the interview, but evidently she gained some under-

relatives to clarify their or others' relationships with the patient, which caused the relatives to change their feelings about the patient or about another member of the family. For example, Mr. Dunn (Interview 3) had expressed hostility for his father, who had left home four years ago, but changed his feelings about his somewhat when he understood that his mother had had none of her present symptoms four years ago. This caused Mr. Dunn to make the plan to write his father a descriptive letter of his mother's illness, as he thought his father would wish to share responsibilities when he learned of their changed situation.

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standing of her brother's illness and need for treatment which was extended to her mother, as the doctor advised the worker that the mother had signed the electro-shock permit for the patient's receipt of treatment following the interview.

The worker's attitude toward the patient's illness contributed to the relative's facing and accepting the patient's illness.

The study revealed that a few of the relatives gained some understanding of the patient as an individual which caused them to be more sympathetic toward and more accepting of the patient and to accept some or more responsibility for the patient, as Mrs. Peattie (Interview 9) who realized that the patient had known the same problems she had known with their domineering, authoritative parents, and that both had tried to free themselves of the home. The knowledge of her sympathy and willingness to help the patient upon her discharge from the Hospital will be helpful to the Hospital staff at the time the patient is to be returned to the community. Some of the relatives concluded that the patient had known many frustrations because of deprivations in early life or because of his relationships with those who were or are important to him, as Mrs. Dupree (Interview 4), who thought her husband had been domineered much of his life. Mrs. Malkowski (Interview 2) gained further appreciation of the patient, who had devoted himself wholly to his mother.

One relative, Mr. Cowl (Interview 6), gained some understanding of the patient, his mother, which may facilitate his adjustment to her expectant death for in the interview he clarified his understanding of her as a woman who had never told anyone of her illnesses, that she had had a satisfying, full life, and that she had never adjusted to his father's

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death.

How does a relative gain some understanding of the patient? Some understanding of the patient may come through giving material about the patient, his attitudes, behavior, interests, conflicts, and his relationships with people. Most important is the relative's need, willingness and capacity to gain understanding. For example, Mrs. Lane (Interview 10) did not accept the possible meaning of her husband's illness as being an expression of his need to secure more love and affection because of his early emotional deprivations and the discussion had caused her to express concern for herself. The following week Mrs. Lane expressed concern that she had not been able to visit the patient as planned, but knew she could visit him that week. The writer wondered if the worker's words had "hung heavy" following the interview, and if Mrs. Lane had gained some understanding of her husband's need for demonstrations of affection. Mr.Smith (Interview 12) gave no indication of gaining any understanding of his daughter's need to be free to make her own decisions, so the worker could only prepare him for the daughter's possible change of attitudes about her divorce upon her return home. While there may be no modification of the relative's attitude toward the patient, the worker may help the relative gain some understanding of the patient which will result in a softening of attitude. This may come after the interview, because of the thinking stimulated during the interview.

All but one of the relatives in the interviews studied gained some understanding of the Hospital and its services which caused them to be more accepting of the patient's hospitalization and which increased their capacity to participate in the patient's treatment plan and to accept

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increased responsibilities.

How did the relatives gain some understanding of the Hospital and its services? The relative's visit to the Hospital with its attractive buildings, spacious grounds and ambulatory patients dispelled some of their concepts of the Hospital. During the interview the relatives learned of services of the Hospital which indicated to them the interest of the Hospital staff in the individual patients. Mr. Kane (Interview 5) was appreciative of securing special permission to visit the patient on Sundays. The knowledge that a relative could talk with a Hospital doctor and/or with the worker about the patient or himself was of reassurance to all of the relatives. It was also an expression of the worker's recognition of their feelings and problems. The relatives were free to use the resources of the Hospital, which might facilitate their adjustment. The understanding gained of the Hospital and services facilitated later contacts with the Hospital, as in the case of Mr. Kane (Interview 5) who requested the worker's assistance in services to the patient and himself.

A few of the relatives who had questions about the patient's possible receipt of treatment learned of the various facilities of the Hospital for treatment, which caused them to be more accepting of the patient's hospitalization, as in the case of Mr. Lyon (Interview 11).

The relatives who had expressed feelings of stigma about the Hospital gained an understanding of it which increased their acceptance of responsibility for the patient. For example, Mrs. Turner (Interview 13) accepted the worker's suggestion and interviewed her husband's employer and learned of his sympathy and plan to give the patient a month's pay. Mrs. Allen (Interview 11) decided to advise her sister's employer of the

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patient's illness and hospitalization, which would facilitate the patient securing an employment reference upon her return to the community. Their understanding and acceptance of the Hospital was extended to those outside the family.

The accepting attitude of the worker toward mental illness and the Hospital was a contributing factor in the relative's being more accepting of the situation as the worker is a representative of the community whose judgment the relative feared. The worker's conveyance of her attitudes is an effective tool of interpretation to the relative and to the community.

In the interviews studied, all the relatives had opportunity to use some resources within themselves or without themselves which might increase their capacity to live within their changed situation. The interviews gave the relatives opportunity to talk freely about their problems with someone apart from the family who had not expressed criticism or judgment. All but one of the relatives had gained sufficient release from emotional tension to clarify some of their thinking, define their problems, and make a plan for meeting the problem. For some of the relatives who had had much emotional tension and were confused, the interview helped them to "pull themselves together" so they were freed to move towards making an adjustment which would be of the most possible satisfaction to them. For example, Mrs. Turner (Interview 13), who stated in her first visit that she hadn't been able "to think", mobilized her strengths and made a plan to secure employment with a feeling of confidence that she could work and meet her financial problem.

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In the interviews studied, all the relatives had opportunity to use some resources within themselves or without, dependent upon their right interest capacity to live within their chosen situation. The interviews gave the relatives opportunity to talk freely about their problems with someone apart from the family who had not expressed criticism or judgment. All but one of the relatives had gained sufficient release from emotional tension to clarify some of their thinking, define their problem, and make a plan for meeting the problem. For some of the relatives who had had such emotional tension and were confused, the interview helped them to "pull themselves together" so they were freed to move towards making an adjustment which would be of the most possible satisfaction to them. For example, Mrs. Turner (Interview 13), who stated in her first visit that she hadn't been able "to think", mobilized her strength and made a plan to secure employment with a feeling of confidence that she could work and meet her financial problem.

Many of the relatives had financial problems or thought their

financial status was threatened. The worker assisted them in exploration of resources which they could use, such as application for Cash Illness Benefits, which some had forgotten in their distress, or resources in the community, such as employment agencies. Mrs. Dupree, for example (Interview 4), who had anxiety about her financial status, made a plan to interview a representative of the Veteran's Administration or American Red Cross to determine eligibility for a Government Pension.

Relationships with the patient or with other members of the family were defined, which increased the capacity of some of the relatives to accept responsibility for the patient or for other members of the family. For example, Mrs. Malkowski (Interview 2) thought she and the other members of the family could help their mother to feel needed so that she would be less lonely during her brother's hospitalization. Mr. Bailey (Interview 8), who had had little understanding of his fourteen year old sister and her problems of adjustment, made a plan to help her gain some understanding of the illnesses of their mother and brother and to help her accept foster home placement. Mr. Cowl (Interview 6), who had thought his elder brother had little interest in their mother and wished to have no responsibility for her, explored some of the possible reasons for his brother's apparent lack of interest and made a plan to talk with him about making a financial plan for the patient's hospitalization. He returned a week later with a manner of satisfaction, as his brother had been appreciative of having the opportunity of sharing the financial responsibility for their mother.

The willingness and capacity of the relatives to participate in the interview were based partially on their own needs because of guilt feel-

financial status was questioned. The author assisted them in exploration of resources which they could use, such as applications for Cash Allowance benefits, which some had forgotten in their distress, or resources in the community, such as employment agencies. Mrs. Jones, for example (Interview 1), who had another about her financial status, made a plan to interview a representative of the Veterans' Administration or American Legion to determine eligibility for a government benefit.

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ings, fears and anxieties for the patient, and fears and anxieties for themselves. The participation of the relatives increased their capacity to accept responsibility for the patient and for themselves, as some guilt feelings, fears and anxieties for the patient and for themselves were somewhat decreased.

As participation is of satisfaction to the relative, the worker was confronted in several of the interviews in which more than one relative was present with the selection of the informants who could participate to the fullest satisfaction. The worker had to determine if it would contribute to the satisfaction of the relatives for more than one person to participate and accept responsibility for the patient, or if the presence of more than one informant would hinder the movement of the interview. For example, in Interview 1 it was more helpful to interview both Mr. and Mrs. Modello as it gave them opportunity to change their attitudes toward each other so that they both accepted responsibility for the patient. It also provided a "sample situation" which gave the worker opportunity to gain further understanding of the patient's relationships with the family and some understanding of his conflicts. It was helpful for Mrs. Turner (Interview 13) to be interviewed without the presence of her protective daughter, as it gave her more freedom to fully express herself. The worker has need of diagnostic skills in the selection of the informant or informants.

Another problem was the language limitations. How to help the informant who does not speak English gain some appreciation for his participation is difficult. For example, Mrs. Suzka (Interview 2) spoke limited English. The worker had to depend largely on tone of voice, facial

ings. Fears and anxieties for the patient, and fears and anxieties for themselves. The participation of the relatives increased their capacity to accept responsibility for the patient and for themselves, as were guilt feelings. Fears and anxieties for the patient and for themselves were somewhat decreased.

As participation is of satisfaction to the relatives, the worker was confronted in several of the interviews in which more than one relative was present with the selection of the informants who could participate to the fullest satisfaction. The worker had to determine if it would contribute to the satisfaction of the relatives for more than one person to participate and accept responsibility for the patient, or if the presence of more than one informant would hinder the movement of the interview. For example, in Interview 1 it was more helpful to interview both Mr. and Mrs. Modello as it gave them opportunity to change their attitudes toward each other so that they were accepted responsibility for the patient. It also provided a "single attitude" which gave the worker opportunity to gain further understanding of the patient's relationships with his family and some understanding of his conflicts. It was helpful for Mrs. Spruce (Interview 13) to be interviewed without the presence of her protective daughter, as it gave her more freedom to fully express herself. The worker has been of disposable utility in the selection of the informant or informants.

Another problem was the Language Limitations. How to help the informant who does not speak English gain some appreciation for his participation is difficult. For example, Mrs. Burke (Interview 2) spoke limited English. The worker had to depend largely on tone of voice, facial

expression, and the meaning of gestures to gain some understanding of her. The worker was able to do little but to listen sympathetically and convey her appreciation of Mrs. Suzka's participation which would facilitate her return to the office with an interpreter. Her return to the office with her daughter, who acted as an interpreter, not only gave the worker opportunity to gain history material about the patient, but gave the worker opportunity to help the daughter gain some understanding of the patient and his illness, which could be extended to the mother.

The relative is helped to participate by the worker's helping him to give material, which is a means of alleviating guilt, fears and anxieties for the patient and for the family. The worker may help the relative to give material by focussing attention on the relative and his problems and by conveying her attitude of recognition and acceptance of him, with all his feelings. In most of the interviews the focus of attention was first upon the relative and no effort was made to secure material about the patient. Most of the relatives expressed themselves quite easily, but some relatives found it difficult as they tended to repress expression of guilt feelings and fears. For example, Mr. Doyle (Interview 7) was helped by the worker to define his problem of difficulty in accepting his wife's death and encouraged to verbalize his feelings of grief. This alleviated some of his guilt feelings about his daughter's admission to the Hospital and helped him to recognize the other children's problems of adjustment to his wife's death. Mr. Bailey (Interview 8) had many fears which he was not able to express. The worker consciously verbalized them, which caused him to realize considerable lessening of emotional tension, which freed him to express his fears for his mother at the end of the interview.

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The worker desired to focus attention on the relative and his problems for a longer length of time in several of the interviews, but the worker had to determine the focus of the interview within the time limitations of the interview.

This study suggests that the worker's focusing on the relative and his problems during some part of the interview aids in the establishment of a relationship. The relationship established not only facilitated release of material, but it caused the relatives to increase their capacity to participate and accept responsibility. The worker's attitude that it is possible for them to carry out their plans and handle their problems as satisfactorily as they are capable of doing is a contributing factor.

At the date of this writing, five of the relatives had contacts with the worker following the psychiatric history interview which suggested that the relationship had been established in the initial interview which had caused them to feel they were responsible participants in the patient's treatment plan; also, the relationship established facilitated the return of two of the relatives to the office, as with Mr. Doyle (Interview 7) who was requested to return to the office to assist with application for his daughter's transfer to the State Institution for Mental Defectives. At that time he expressed his willingness to continue acceptance of responsibility for the patient and he expressed his attitude that he was gradually making an adjustment in the home which was satisfying to himself and the other children.

This study suggested that time may not be necessary in the establishment of a meaningful relationship, and that it may be established in the psychiatric history interview.

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This study suggests that the worker's focusing on the relative and his problems during some part of the interview with in the establishment of a relationship. The relationship established not only facilitated release of material, but it caused the relatives to increase their capacity to participate and accept responsibility. The worker's attitude that it is possible for them to carry out their plans and handle their problems satisfactorily as they are capable of doing is a constructive factor.

At the date of this writing, five of the relatives had contacts with the worker following the psychiatric history interview which suggested that the relationship had been established in the initial interview which had caused them to feel they were responsible participants in the patient's treatment plan; also, the relationship established facilitated the return of two of the relatives to the office, as with Mr. Doyle interview #1 who was requested to return to the office to assist with application for his daughter's transfer to the State Institution for mental defectives. At that time he expressed his willingness to continue acceptance of responsibility for the patient and he expressed his attitude that he was practically making an adjustment in the home which was satisfying to himself and the other children.

This study suggested that time may not be necessary in the establishment of a meaningful relationship, and that it may be established in the psychiatric history interview.

The writer believes that this study of thirteen psychiatric history interviews with a relative of a mental hospital patient suggests that psychiatric history taking need not be a routine matter of securing material about the patient and his illness, but that it may be a means of increasing the capacity of the relatives to participate in the patient's treatment plan and to accept responsibility for him and may be a means of increasing their capacity to live within their changed situation. This may be done by the worker's recognizing the relatives not only as a source of material about the patient, but as individuals who have to make adjustments to the patient's illness and hospitalization.

The study also implies that the social worker has the challenge of being a means of interpretation of mental illness and of the services of the mental hospital to the relative, who may extend his understanding not only to members of the family but to the community of which he is a part.

Approved,

Richard K. Conant

Richard K. Conant, Dean

The writer believes that this study of mental/emotionally disturbed interviews with a relative of a mental hospital patient suggests that psychiatric history taking need not be a routine method of recording material about the patient and his illness, but that it may be a means of increasing the capacity of the relatives to participate in the patient's treatment plan and to accept responsibility for him and may be a means of increasing their capacity to live within their changed situation. This may be done by the worker's recognizing the relatives not only as a source of material about the patient, but as individuals who have to make adjustments to the patient's illness and hospitalization.

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Approved:

Richard K. Conant, Dean

APPENDIX

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APPENDIX

A. SCHEDULE

ANALYSIS OF THE PSYCHIATRIC HISTORY INTERVIEW

1. Worker's activity in meeting the client; the explanation of purpose of the interview.

2. Informant's response and behavior to learning the purpose of the interview.

3. The manner in which the informant gives the material.

4. The worker's activity in helping the informant release material.

5. The informant's manner of expressing attitudes toward the patient and his hospitalization.

6. The informant's needs and problems.

7. The caseworker's participation in helping the informant to utilize resources within and without himself.

8. The capacity of the informant to participate in the interview as to giving material and completing the financial plan.

9. The informant's use of the available services in the interview.

B. PSYCHIATRIC HISTORY

The history is obtained and prepared by the social worker to provide the hospital physicians with as complete a picture as possible of the patient's previous life and mental illness. Every effort should be made to obtain all facts, not necessarily in one interview. Pertinent material can often be requested from other relatives, employers, clergymen, teachers, etc. Information from various sources generally may be combined, though if great diversity of opinion is found, the first contact may be considered as an original history and later ones written as additional information.

The history is dated as of the day interview was held.

Material found to be informant's conjecture should be so noted. Occasional verbatim remarks for descriptive purposes are useful. Symptoms should be described in non-technical, lay words as used by informants. Repetition may be avoided by use of such terms as "see Medical History", etc.

The outline is designed as a guide to the social worker in obtaining the required data and as a means of presenting history material in a uniform manner.

Methods of obtaining information are developed from case work principles.

INFORMANT:

Relationship: Name
Address
Telephone

Descriptive paragraph indicating time he has known patient, appearance, apparent intelligence, ability to express self, reliability, emotional reaction during interview, attitude toward patient, hospital, and history giving.

REASON FOR HOSPITALIZATION:

Reason for hospitalization at this time: brief statement of change in patient's behavior or in social situation which led to his admission, (date). If unknown to informant, information may be taken from admission note.

PRESENT ILLNESS:

I. Chronological Account
II. Alterations of Physiological Functions
III. Somatic Complaints and Disturbances
IV. Habit Disturbances
V. Affect Disorders and Associated Disturbance of Behavior
VI. Content Disorders and Associated Disturbances of Behavior.
VII. Sensorium or Intellectual Resources

I. Chronological Account:

Begin paragraph with statement concerning date of onset and develop history of present episode to concluding sentence relative to immediate steps taken to bring about hospitalization. In general, this is a chronological, narrative report with all items dated, the entire picture being correlated with significant events and circumstances in the patient's life and environment which may have contributed to the development of the illness. Each symptom should be carefully described and illustrated.

Onset: when, in what way, and under what circumstances did the illness begin (when did patient last feel like himself)

Complete present illness with a statement of the immediate steps taken toward hospitalization.

II. Alterations of Physiological Functions:

1. Output of energy: changes re restlessness or lassitude.

2. Sleep: Inability to go to sleep at night, fitful sleep, early wakening, amount of daytime sleep, disturbing dreams, reversal of day-night rhythm. Reaction to inability to sleep: smoking, eating, walking around, use of medicines.

3. Appetite: regularity, changes in amount of food and liquids taken, eating with family or alone. Reasons for refusal of food - ideas of poison, no stomach, no intestines.

4. Weight: average weight, date last maintained and subsequent changes.

5. Elimination: changes in frequency of urination and defecation. Constipation (treatment), diarrhea, incontinence.

III. Somatic Complaints and Disturbances:

1. Unusual sensations: burning, tingling, crawling, numbness, aches and pains.

2. Tics and mannerisms: winking, jerking movements.

3. Paralyses: when noted, parts of body affected, duration, present condition.

4. Dizziness.

5. Convulsive attacks: episodic loss of consciousness (absence, fainting spells). Description of seizures: age and circumstances at time of first seizure. Frequency, day and/or night, date of last seizure. Treatment received to date. Aura, cry, direction of fall, loss of consciousness, muscular activity, tongue biting, foaming, wetting. Length of subsequent sleep. Amount and duration of confusion.

6. Headaches: time of day or night, location in head, character (throbbing, stabbing, tight band), effect of change of position of body, duration frequency and date of onset.

7. Vomiting: time of day, especially in relation to meals and special foods. Projectile type.

8. Vision: dimness, seeing double.

IV. Habit Disturbances:

1. Personal care: changes, increasing neglect or meticulousness, time devoted to same, bathing, cleanliness of clothing, peculiarities of dress, changes in use of make-up.

2. Hoarding: what and where, patient's explanation of same. Family's handling of difficulty and patient's response to same.

3. Participation in family and social activities: schedule of a typical day (household chores, movies, reading, games, visiting).

4. Rituals.

V. Affect Disorders and Associated Disturbance of Behavior:

1. Anxiety: restless, fearful, tremulous; loss of breath, choking sensation, pounding or rapid beating of heart, "worried."

2. Depression: sadness, gloom, tearfulness. Feelings of unworthiness, self-accusation (regret, failure, guilt). Thinking and concentration difficulties. Indecision. Ideas of unreality. Suicidal trend and overt attempts.

3. Elation or irritability: excitement, over-activity, over-talkativeness, rhyming, punning, distractibility, over-optimism, grandiosity, extravagance, playfulness, erotic trends, sarcasm.

VI. Content Disorders and Associated Disturbance of Behavior:

1. Delusions: reference, persecution, alien control; grandiose, nihilistic, somatic.

2. Hallucinations: auditory, visual, olfactory, gustatory, cutaneous.

3. Obsessions, compulsions, phobias.

4. Appreciation of time, space and "reality" (ideas of unreality and depersonalization).

VII. Sensorium or Intellectual Resources:

1. Confusion: how shown (getting lost, poor comprehension), fluctuation in relation to day or night.

Differentiate subjective feeling of confusion (bewildered, perplexed, worried, concentration difficulty) from objective signs (getting lost, misidentifying people and places). Orientation. Never use the term "confusion" without explanatory elaboration. Vivid or terrifying dreams, drowsiness, coma.

2. Memory changes: forgetfulness of names, use of incorrect names. Mislaying of objects, reaction to same. Confabulation.

3. Judgment: how shown in money matters, social situations, tactless remarks, ill-advised flirtations.

4. Calculation: altered ability to make change, to figure household or business expenses. Inability to play games of skill.

5. Mental deficiency: failure to develop normally, difficulty in learning, lack of common sense in social, domestic and business situations.

PREVIOUS EPISODES:

Symptoms, duration and outcome. If unhospitalized, name of attending physician.

Previous admissions: (to this hospital) case number, dates of admission and release, and diagnosis: (elsewhere) send for all abstracts, and record in history information known to relative re duration and nature of illness.

PERSONAL HISTORY:

Exact birthdate and birthplace. If foreign born, time or age of coming to U.S. and present citizenship.

Duration of pregnancy, mother's attitude toward baby and general health; birth weight, injuries; anything unusual about age and nature of teething, walking, talking; rate of physical and mental development; convulsions.

Fears, stammering, tantrums, thumb sucking, etc.

Influences and atmosphere of childhood home: reared in home or elsewhere; effects of second marriage of either

parent; parental or other family discord, (finances, discipline and training of children); temperamental characteristics of family; recognition accorded child; special attachments or antagonisms among member of family; attitudes of parents to child; stress on religion.

Childhood characteristics: (detailed in young patients) day-dreaming, seclusive, timid, selfish, cruel, stubboen, moody, irritable, over-sensitive, over-active, submissive. Types of games preferred, reaction to successes, failures and discipline; sissy or tomboy, nicknames. Disposition, methods of gaining own ends.

School history: age of entering, age of leaving, grade completed, grades repeated, attitude toward school, truancy, time spent in studying, family estimate of intelligence, comparison with siblings, special class attendance.

Occupational history: nature of different occupations, positions held, wages received, dates and ages of changes, reasons for same, periods of idleness with reasons. General progress or regression in efficiency and position. Give last occupation in detail, when he stopped working, why, wages. How supported since last employment.

Military history; date and place of enlistment and discharge; rank and organization, serial and/or claim number.

Psychosexual history: nature of sex instruction and childhood experiences.

Attitude toward sex, emotional reactions to masturbation or other sex conflicts, homosexual interests, heterosexual experiences, sexual inferiorities or inadequacies.

[illegible] personal or [illegible] family [illegible]: (illegible, [illegible]-[illegible] and training of children); [illegible] [illegible] observations [illegible] (illegible) [illegible] [illegible] [illegible]

Marital history: exact date of marriage; age, maiden name and occupation of partner. Circumstances of courtship, marriage and description of mate. Attitude toward sexual relations, sources of unhappiness. Family problems, conflicts and dissensions. If divorced, date and reason. Age at, cause and date of partner's death.

Children: names, ages, addresses, personalities. Miscarriages.

If unmarried, statement of reason, history of broken engagements.

Personality traits: basic mood (fluctuations, reasons for same), cheerful, melancholic, anxious, irritable; energetic, day-dreaming, over-conscientious, timid; inclined to blame others, cynical, mistrustful, given to misinterpretations, to feelings of self-importance. Sense of humor. Number and type of prejudices. Degree of emotional responsiveness, attitude toward authority, reactions to failure and disappointments, tendency to evade reality, rigidity or plasticity of opinion and conduct. Use of leisure, hobbies. Typical day. How does patient spend evenings, week-ends, and vacations? On what does he spend his money?

Interpersonal relationships: number of friends, age, sex, social level. Adaptability with members of family, occupational associates, and superiors. Social attitudes and characteristics: friendly, shy, suspicious, jealous, fearful, given to misinterpretations, to feelings of self-importance. Points of sensitivity. Traumatic experiences.

Estimate of intelligence.

Conflicts with the law, arrests, hobbing, other asocial behavior.

Attitude toward religion and church attended. (Denomination) Frequency of attendance.

MEDICAL HISTORY:

Names of physicians and hospitals attended. (Send for all abstracts). Symptoms rather than informants' diagnosis, reasons for all operations and examinations. Description of all undoctored ailments, especially stomach complaints.

Record all illnesses and injuries, duration, severity and sequelae, particularly concerning syphilis, epidemic encephalitis and convulsions (other than those a part of present illness). With history of syphilis, request reports of blood and spinal fluid examinations and specific anti-luetic treatment from physicians and hospitals.

Alcohol and other toxins: exact amount and nature of alcohol drunk, duration of habit, reaction to alcohol and previous ill effects. Use of narcotics, hypnotics and patent medicines.

Occupational poisoning: (lead, arsenic, mercury, dyes, etc.)

Menstruation: age of onset, duration and interval, disorders, date of last period. Associated mood changes.

Menopause: age of beginning, associated symptoms, hot flashes, irregularity, lengthening of interval, flooding, dizziness, increased irritability or depression. Family attitude toward menopause.

conditions with the lips, mucosa, tongue, other mucosal surfaces.

Visual: mental pulsations and changes with mental. Dominance of frequency of sensations.

<u>PHYSICAL HISTORY:</u>

Means of physicians and consultants attended. (Name and dates of visits). Symptoms which have been thoroughly discussed, examined for all symptoms and examinations. Description of all medications taken, especially steroids, antibiotics.

Removed all illness and injuries, accidents, surgery and hospitals, particularly concerning epilepsy, cold sores, unconscious illness and convulsions (other than temporary loss of consciousness illness). Week history of epsilon, frequent changes of blood and spinal fluid examinations and epsilon anti-inflammatory cases from physicians and hospitals.

Alcohol and other toxins: Short drinking and nature of alcohol drunk, quantity of drink, reactions to alcohol and previous III effects. Use of tranquilizers, hypnotics and pot and medicines.

Occupational relationship: (Field, family, employer, wife, etc.)

Hunter interests: Age of onset, duration and frequency, length of time period. Associated mood changes.

Symptoms: Age of beginning, associated experiences, and change, irregularity, lengthening of interval, alcohol, disease, increased irritability or depression. Mental activity, control mechanisms.

Impotence and loss of sexual desire.

FAMILY HISTORY:

History of mental disease, alcoholism, delinquency, emotional instability, eccentricity or suicide in direct or collateral family lines. If relatives of patients here, give names, dates case numbers, and diagnoses.

Grandparents: pertinent information.

Parents:

Father: Name, birthplace and age if living, present address; if dead, age, cause, and year of death (to correlate with patient's age). Nationality and description of personality. Occupation.

Mother: First and maiden name, etc.

Siblings: names, birthdates, ages, addresses, marital status, occupations and descriptions of personality. If dead, age, cause and time of death.

Relationship existing among them at present.

HOME AND FINANCIAL SITUATION:

Economic status of family, how supported (patient's wages, agencies, savings, etc.) Accumulation of property, savings, insurance (summary of financial report).

Composition of family, relatives living nearby. If home broken by hospitalization, adjustments made for wife and children.

Kind of home: single or multiple dwelling, owned or rented, comforts.

Neighborhood: general standard (economic, racial, etc.)

Treatment: Not loss of mental vitality.

FAMILY HISTORY:

History of a mental disorder, inebriety, epilepsy, neurosis, mental instability, unconventionality, immorality, or criminal family life. If relatives of relationship were, also insane, epileptic, inebriate, and delinquent.

Grandparents: parents or relatives.

Father:

Mother: Age, birthplace and occupation, if living; if dead, age, cause and year of death (to correlate with patient's age). Intemperance and insanity of mother.

Sister: Occupation.

Brother: First and middle name, age.

Siblings: Order, sex, intelligence, health and social attitude, occupation and interests or personality. If dead, age, cause and time of death.

Relationship: Attitude among them of parents.

HOME AND FINANCIAL SITUATION:

Economic status of family, how supported (job, rate, income, separate, savings, etc.) Accumulation of debts, attitude, thrift or a history of financial trouble.

Occupation of family, reality or living reality. Is home broken by hospitalization, financial need for all, and children.

Idea of home: ethnic or religious, quality, cleanliness, comfort, comforts.

Neighborhood: Economic associated (community, social, etc.)

FUTURE PLANS FOR PATIENT:

Attitude of family toward patient's return to the home.

Burial plans for aged patients.

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